

Rocklin Unified School District

2615 Sierra Meadows Drive • Rocklin, CA 95677

Phone (916) 624-2428 • FAX (916) 624-7246



Roger Stock, Superintendent
Kathleen Pon, Deputy Superintendent

Barbara Patterson, Deputy Superintendent
Colleen Slattery, Assistant Superintendent

January 9, 2017

Dear Parents:

It is a sincere pleasure to welcome you and your child to our school community. We are excited about having an opportunity to work with you as a full partner in your child's education. The Rocklin Unified School District is committed to providing each student with a high quality learning experience. We believe the best way to achieve academic success is through the combined efforts of the school, parents, and child.

One important way for parents to help is to be aware of what students are expected to learn. Toward that end, the learning goals considered essential at each grade level have been developed. These learning goals are referred to as grade level content standards.

Content standards drive the plans for daily instruction and homework. Content standards also provide the basis for progress reports and report cards. Parent/teacher conferences add further clarity regarding student progress on grade level standards. Additionally, we are committed to helping students maintain a natural curiosity and confidence in themselves as learners while developing behaviors that will enable them to become active and focused learners in the classroom. Our teachers are highly skilled professionals who will determine the manner of instruction, motivation, grouping, pacing, reinforcing, and re-teaching in order to meet the needs of each student.

Please become part of our active parental involvement efforts throughout the school. Working together we can do it better. Have a great school year!

Sincerely,

Roger Stock
Superintendent

ROCKLIN UNIFIED SCHOOL DISTRICT
TK-12 School Calendar for 2017-18

 First Day of School

 Minimum Day - See Detail on Right for Grade Level(s)

 School Not in Session*

 Last Day of School & Minimum Day

***Please schedule family vacations and trips during days when school is not in session.**

AUGUST				
M	T	W	T	F
		16	17	18
21	22	23	24	25
28	29	30	31	

SEPTEMBER				
M	T	W	T	F
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

OCTOBER				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

NOVEMBER				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

DECEMBER				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

JANUARY				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

FEBRUARY				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28		

MARCH				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

APRIL				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

MAY				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

JUNE				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18				

August 2017

16 First Day of School

September 2017

4 No School -- Labor Day

October 2017

9 No School -- Staff Development Day

November 2017

6 Grade TK-6 Minimum Day -- Conference/Grade Preparation

10 No School -- Veteran's Day Observed

13-17 Grade TK-6 Minimum Days -- Parent/Teacher Conferences

20-24 No School -- Thanksgiving Break

December 2017

20-21 Grade 9-12 Minimum Day - End of High School First Semester

21 Grade TK-6, & 7-8 Minimum Day -- Winter Break

22-29 No School -- Winter Break Part 1

January 2018

1 No School -- New Year's Day Observed

1-5 No School -- Winter Break Part 2

15 No School -- Martin Luther King Day

February 2018

19 No School -- President's Day (Lincoln)

20, 21, 22 No School -- Presidents Week

23 No School -- President's Day (Washington)

March 2018

5 Grade TK-6 Minimum Day: Conf./Grade Prep

12-16 Grade TK-6 Minimum Day- Parent/Teacher Conf.

26-30 No School -- Spring Break

April 2018

2 No School -- Staff Development Day

May 2018

10 Grade 7-8 Minimum Day--Middle School Open Houses

17 Grade TK-6 Minimum Day - Elementary School Open Houses

21 Grade TK-6 Minimum Day -- Conference/Grade Preparation

28 No School -- Memorial Day

June 2018

6-7 Grade 9-12 Minimum Day - High School End of Semester

7 Grade TK-12 Minimum Day -- **Last Day of School**

7 Middle School Promotional Activities (day)

6 VHS & RICA Graduation

7 WHS Graduation

8 RHS Graduation

18 Summer School Begins

Professional Learning Community Team Meetings/Articulation Days:
All Mondays: Grades TK-12 (except Minimum Days)

Rocklin Unified School District
Enrollment Procedures

Welcome to Rocklin Unified School District. As a parent new to our school district, please be aware that our district's enrollment is growing due to ongoing construction of new homes in Rocklin. Consequently, **it is extremely difficult to guarantee that your child will be able to enroll in the school that serves your residence (referred to as "school of residence")**.

Refer to <http://www.schoolworksgis.com/RUSD/schoollocator.html> to locate your school of residence. We understand that parents buying a home in Rocklin often do so in order to be in a certain school area. Unfortunately, because of the volume of enrollment and in order to comply with state laws and district policies on class size, your child may not be able to attend the school of residence.

Procedures for placement of students in our schools:

- 1. The registration packet will not be considered officially received by the school until all forms (proof of residence, immunizations, birth certificates, etc.) are completed. Upon completion of all forms, the registration packet will be date and time stamped by school personnel.**
- 2. We guarantee that your child will be able to attend a school within the Rocklin Unified School District.**
3. If the classes in your child's grade level are filled in your school of residence, it will be necessary for the District to redirect your child to another school in Rocklin that has room in your child's grade. The District will provide transportation from your school of residence to the school to which your child has been redirected.
4. If your child is redirected, he/she will be placed on a waiting list at your school of residence and, if an opening occurs, you will be called and offered the opportunity for your child to return to your school of residence. Should you decline the position offered midyear, a space at your school of residence cannot be guaranteed for the following year.
5. If your school of residence only has room for some of your children and your other children must be redirected, you should enroll the child(ren) who can be accepted in your school of residence and wait for an opening to return your other child(ren).
6. With an increase of enrollment, there may be overcrowding in some of our classrooms. If this occurs, there is a possibility that your child may be reassigned to a new class during the school year. If your child is affected, you will be notified prior to the move, and the reasons will be explained to you at that time.
7. The District may make multi-grade classes in our schools (i.e. K/1, 1/2, 2/3, etc.). Multi-grade classes are carefully constructed to insure academic success for all students. Students in multi-grade classes have the same educational opportunities as single grade classes.
8. Intradistrict Attendance Permits (going from one school in the district to another, per parent's request), will only be accepted on a space available basis. During the first ten days of school pupils residing within the attendance area of the school, including students that had an approved Intradistrict Attendance Permit in place for the previous school year, shall have precedence over students attending a school on a new Intradistrict Attendance Permit. ***Should an overload occur during the first ten days of school, pupils may be returned to their school of residence. Should the school of residence be overloaded, said pupils may be redirected to another school.*** The Intradistrict Attendance Permit may be revoked for violations of district rules and/or school rules related to discipline/ behavior/ attendance. Transportation is the responsibility of the parent/guardian (BP/AR 5116.1).

Your signature indicates that you read the enrollment procedures.

Child's Name _____

Parent/Guardian Signature _____

Date _____

ROCKLIN UNIFIED SCHOOL DISTRICT

2615 Sierra Meadows Drive
Rocklin, CA 95677
916-624-2428

RESIDENCE VERIFICATION FORM

State Compliance Requirements:

*Education Code Section 48200 states in part, that "Each person subject to compulsory full-time education...shall attend the public full-time school...in which the **residency** of either the parent or legal guardian is located and each parent, guardian, or person having control or charge of such pupil shall send the pupil to the public full-time school...in which the residence of either the parent or legal guardian is located."*

Check here if not a district resident.
*(If box is checked, **an approved Interdistrict Transfer Permit must be on file.**)*

Check here if a district resident.
(If box is checked, complete the information below.)

Parent/Guardian must provide one form of residency verification.

Attach a copy and present one of the following in parent(s) or legal guardian(s) name for residence verification:

_____ **Utility Bill**

_____ **Letter from Social Services verifying residency**
(verification must be current – within past 30 days)

_____ **Garbage Bill**

_____ **Home Purchase Agreement/Contract**
(utility bill required within 30 days of move in date)

_____ **Cable Bill**

_____ **Home Telephone Bill**
(cellular phone bills are not acceptable)

I attest that the above information I have provided to the Rocklin Unified School District is true and accurate. I also understand that any changes of address must be reported immediately to the school secretary.

Parent/Guardian Signature: _____ Date: _____

Student Name: _____

Birth Date: _____ Entering Grade: _____

School of Residence: _____

ROCKLIN UNIFIED SCHOOL DISTRICT

STUDENT REGISTRATION FORM

(FOR OFFICE USE ONLY)

ENROLLMENT DATE _____ SCHOOL _____ GRADE _____ TEACHER _____

LAST SCHOOL ATTENDED _____ DATE LAST ATTENDED _____

ADDRESS OF LAST SCHOOL _____

IS STUDENT CURRENTLY EXPELLED OR RECOMMENDED FOR EXPULSION? YES NO

HAS STUDENT PREVIOUSLY BEEN ENROLLED IN ROCKLIN UNIFIED? YES, Grade _____ Date _____ NO

LEGAL NAME OF CHILD _____ M F
Last First M Nickname (Circle)

HOME ADDRESS _____
Street City Zip Telephone

DATE OF BIRTH _____ PLACE OF BIRTH _____
Mo Day Year City State Country

SPECIAL SERVICES: Is your child currently enrolled in a special education class or receiving special support services? YES NO

If YES, check type of program(s): Resource (RSP) Special Day Class (SDC) 504 Plan Speech Hearing Vision
 GATE English Learner Other _____

WHAT IS YOUR CHILD'S ETHNICITY? *(Please check one box)* Hispanic or Latino Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? *(Please check one or more boxes)*

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your child's race to be.

- | | | |
|---|--|--|
| <input type="checkbox"/> 100=American Indian or Alaska Native | <input type="checkbox"/> 206=Laotian | <input type="checkbox"/> 303=Samoan |
| <input type="checkbox"/> 201=Chinese | <input type="checkbox"/> 207=Cambodian | <input type="checkbox"/> 304= Tahitian |
| <input type="checkbox"/> 202=Japanese | <input type="checkbox"/> 208=Hmong | <input type="checkbox"/> 399=Other Pacific Islander |
| <input type="checkbox"/> 203=Korean | <input type="checkbox"/> 299=Other Asian | <input type="checkbox"/> 400=Filipino |
| <input type="checkbox"/> 204=Vietnamese | <input type="checkbox"/> 301=Hawaiian | <input type="checkbox"/> 600=African American or Black |
| <input type="checkbox"/> 205=Asian Indian | <input type="checkbox"/> 302=Guamanian | <input type="checkbox"/> 700=White |

EVIDENCE OF DATE OF BIRTH *(RUSD AR5111(a-b) Admission)*

Certified Birth Certificate _____ Baptismal Certificate _____
 Statement from County Recorder _____ Passport _____
 Affidavit _____

(FOR OFFICE USE ONLY)

Proof of residency verified by _____
 Intradistrict Yes ___ No ___ Immunizations Verified ___
 Interdistrict Yes ___ No ___ Home Language Survey ___
 Emergency Card _____

PARENT/GUARDIAN INFORMATION

Father's Legal Name _____ Cell Phone _____

Name of Employer _____ Occupation _____ Work Phone _____

Mother's Legal Name _____ Cell Phone _____

Name of Employer _____ Occupation _____ Work Phone _____

Guardian's Legal Name _____ Cell Phone _____

Name of Employer _____ Occupation _____ Work Phone _____

Student Lives With: ___ Father ___ Mother ___ Stepfather ___ Stepmother ___ Legal Guardian ___ Other

---- Form continues on back ----

CHILDREN OF FAMILY *(in order of birth)*

NAME	BIRTHDATE	RELATIONSHIP TO STUDENT	LIVING IN HOME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT EDUCATIONAL LEVEL

Mark the response that describes the educational level of your most educated parent.

- Not a high school graduate
- High school graduate
- Some college
- College graduate (B.A. or B.S. degree)
- Graduate school/post graduate training
- Declined to state or unknown

RESIDENCE

This information will be used to determine if your child qualifies for any additional assistance under the Federal Elementary and Secondary Education Act.

Where is your child currently living? *(Mark one response only.)*

- In a single family residence: house, apartment, condominium, or mobile home
- Family is living with friends or other family members (due to cultural, familial, or convenience reasons)

- Living in a Temporary Shelter (homeless shelters or Children’s Emergency Shelter which includes foster students awaiting placement)
- Living in Hotels/Motels
- Living in a Temporary Doubled-up housing situation due to loss of housing, economic hardship, or similar reason (living with friends or relatives, runaways or unaccompanied youth)
- Living in a Temporary Unsheltered situation (vehicles, trailer parks or tent/campgrounds)

- Foster Student living in a Foster Family Home (in Foster Care System)
- Foster Student living in a Licensed Children’s Institution

Other: _____

My signature certifies that the home address listed above is my true legal residence as parent/guardian of the above-named student. I understand that failure to provide true and correct residential information may result in the disenrollment of the above-named student. I further understand that, for those students participating in athletics, failure to provide true and correct residential information may result in the immediate removal of the above-named student from the team, and that residential ineligibility may cause the team to forfeit all contests in which the student has participated.

Parent/Guardian Signature

Date

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. If a language other than English is spoken in the home, the district is required to assess your son/daughter.

ROCKLIN UNIFIED SCHOOL DISTRICT HOME LANGUAGE SURVEY – ENGLISH

(Please fill out a form for every student at the time of registration)

School: _____ School Start Date: _____

Student's Name: _____ Male Female Grade: _____
First name Last name

Birth Date: _____ Place of Birth: _____
City State Country

Date first enrolled in a K-12 U.S. school: (DATE)

Date first enrolled in a K-12 California school: (DATE)

Name of previous K-12 school attended: _____

Location of previous K-12 school attended: _____
City State Zip code

Please answer the following questions as they apply to your son/daughter.

1. Which language did your son/daughter learn when he/she first began to speak? _____
2. What language does your son/daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son/daughter? _____
4. Name the language most often spoken by the adults at home: _____

For School Office use only:

Send/fax (630-2226) a copy of this form to the DO, attn: English Learner Program Specialist if:

- Place of birth is outside the U.S. and/or
- Any of questions 1-4 above are marked a language other than English

Date sent _____ Initials _____

For District Office use only: Date Initials

Requested previous CELDT _____

Updated in Aeries _____

Updated in ESS _____

ROCKLIN UNIFIED SCHOOL DISTRICT
STUDENT EMERGENCY INFORMATION CARD

Student's Legal Name: _____
Last _____ First _____ Middle _____ Grade _____ Teacher _____
Name Child Uses _____ Male Female Date of Birth ____/____/____
Primary Phone # _____ Primary Cell Phone # (if applicable) _____
E-Mail Address(es) 1. _____ 2. _____
Residential Address _____
(**Must be filled in**) Street _____ City _____ Zip _____
Mailing Address _____
Street _____ City _____ Zip _____

PLEASE READ: California Education Code 49408 indicates that for the protection of a pupil's health and welfare, the governing board of a school district may require the parent or legal guardian of the pupil to keep current at the pupil's school of attendance, emergency information including the home address and telephone number, business address and telephone number of the parents or guardians, and the name, address, and telephone number of a relative or friend who is authorized to care for the pupil in any emergency situation if the parent or legal guardian cannot be reached. California Education Code makes it mandatory that every student be provided with physical education. If, at any time, your child is ill or has a condition which you feel requires being excused from activity for more than 5 school days, an explanatory note is required from your child's health advisor.

Father's Name:

Business Phone _____ Cell _____
Employer _____

Mother's Name:

Business Phone _____ Cell _____
Employer _____

Stepfather's Name:

Business Phone _____ Cell _____
Employer _____

Stepmother's Name:

Business Phone _____ Cell _____
Employer _____

Guardian/Foster Parent Name:

Business Phone _____ Cell _____
Employer _____

Guardian/Foster Name:

Business Phone _____ Cell _____
Employer _____

With whom does student live? Father Mother Stepfather Stepmother Guardian/Foster Parent

If divorced or separated, who has physical custody? _____

If duplicate mailing is requested for other parent, please fill in name and address:

Name Address City State Zip

PLEASE COMPLETE INFORMATION ON REVERSE SIDE (OVER→)

ROCKLIN UNIFIED SCHOOL DISTRICT
STUDENT EMERGENCY INFORMATION CARD

IF APPLICABLE

By COURT ORDER, this student **CANNOT** be released to: _____
(Proof of Court Order **MUST** be on file at school office)

Release Information

If my child is ill, has an emergency, is not picked up after school, or is suspended, and I cannot be reached, please call and release my child to the following individual(s): *(Person must be 18 years of age or older and present ID)*

_____ Name	_____ Relationship to Student	_____ Cell #	_____ Daytime Phone #
_____ Name	_____ Relationship to Student	_____ Cell #	_____ Daytime Phone #
_____ Name	_____ Relationship to Student	_____ Cell #	_____ Daytime Phone #
_____ Name	_____ Relationship to Student	_____ Cell #	_____ Daytime Phone #

After School Information

If my child is not picked up after school or a school emergency occurs requiring my child to be picked up, please contact my child's after school caregiver and release my child to:

_____ Daycare/Caregiver Name	_____ Cell #	_____ Daytime Phone #
---------------------------------	-----------------	--------------------------

Parent/Guardian Signature Required

By signing below, the parent/guardian certifies under penalty of perjury that the information given on this form is true and accurate.

_____ Father/Guardian	_____ Date	_____ Mother/Guardian	_____ Date
_____ Stepfather	_____ Date	_____ Stepmother	_____ Date

ROCKLIN UNIFIED SCHOOL DISTRICT
RECORD OF SPECIAL EDUCATION PROGRAMS

To provide continuity in your child's educational program, it is important that we be made aware of any Special Education services he/she has been receiving. Please provide the following information to help us expedite your child's proper placement.

Name of Student _____

Birth Date _____ Grade _____

My Child: (Please initial all statements that are applicable.)

_____ is not participating in any Special Education programs

_____ is currently in a Special Day Class (SDC)

_____ is currently in a Resource Specialist Program (RSP)

_____ is currently receiving Speech/Language Therapy

_____ is currently receiving Adaptive Physical Education

_____ is currently receiving Occupational Therapy (OT)

_____ was referred and/or evaluated to receive Special Education services at
_____ School in _____ School District

_____ has a Section 504 Accommodation Plan

_____ has received Special Education services in the past

_____ has received Section 504 Accommodation in the past

If your child is currently in any Special Education program, do you have a copy of the current IEP? Yes No If yes, please provide a copy.

If your child has a Section 504 Plan, do you have a copy? Yes No If yes, please provide a copy.

Comments: _____

Parent/Guardian Signature

Date

.....
For School Office use:

1. If the student is currently receiving Special Ed services, **notify the Special Education teacher (RSP or Speech) or the Program Specialist (SDC)**, and forward to the appropriate Special Education teacher or support staff.
2. If the student currently has a Section 504 Accommodation Plan, **notify the 504 Plan coordinator**, and forward to the classroom teacher.
3. If the student is not currently receiving Special Ed services, file this form in the cum folder.

HEALTH AND DEVELOPMENTAL INFORMATION

SCHOOL _____ TEACHER _____ GRADE _____
 NAME _____ BIRTH DATE _____ M F (circle)
 ADDRESS _____ HOME PHONE _____
 PARENT/GUARDIAN NAME _____ WORK/CELL PHONE _____
 PARENT/GUARDIAN NAME _____ WORK/CELL PHONE _____

MEDICAL HISTORY: Does your child currently have a problem in the following areas? (Please provide further information on back of form if "yes" is checked)

	Yes	No		Yes	No
Genetic Disorder			Family History of Learning Problems		
Physical Disability			Fainting Spells/Dizziness		
Diabetes			Headaches		
Intestinal/Stomach Problems			Eye/Vision Problems		
Heart Problems			Ear/Hearing Problems		
Anemia/Blood Disorders			Frequent Colds		
Tumors			Nosebleeds		
Leukemia/Cancer			Frequent Urination/Bed Wetting		
Hepatitis/CMV			Skin Problems		
Encephalitis/Meningitis			Eating Problems/Appetite		

Asthma: No _____ Yes _____ If yes: Does your child use an inhaler? No _____ Yes _____

Allergies: No _____ Yes _____ If yes: To what? _____

What is the reaction your student has to this? _____

When was the last reaction? _____ What emergency medication is required for this allergy? _____

Seizures: No ___ Yes ___ If yes: When was the last seizure: _____

Other current health conditions/concerns? _____

What medications, if any, does your child take on a regular basis? _____

Has your child had their vision checked? Not yet Date: _____

If yes, does child wear prescription glasses? Yes No Date of last prescription: _____

Has your child had their hearing checked? Not yet Date: _____

If yes, does child wear hearing aides? Yes No Date of last prescription: _____

Has your child had their teeth cleaned? Not yet Date: _____

PHYSICIAN'S NAME _____ Date/reason for last visit _____

DENTIST'S NAME _____ Date/reason for last visit _____

EYE DR.'S NAME _____ Date/reason for last visit _____

MEDICATIONS AT SCHOOL: Pursuant to Education Code section 49423, students required or needing medication (prescription or **over-the-counter**, including aspirin, cold medicine, etc.) during the school day may obtain assistance from a school nurse or other designated employee if the District receives a written statement from the student's physician and parent/guardian authorizing the use of the medication and assistance in its administration. Except for certain self-administered medications ("epi pen", "inhaler", or "insulin") authorized for personal use, students may not self-medicate or possess any over-the-counter or prescription medication while on District property. You may obtain a medication form from your child's school or on our website at www.rocklinusd.org/health

CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name _____ Sex: M F Birthdate _____ Place of Birth _____

Name of Parent or Guardian _____ Address _____

Telephone _____ City _____ ZIP _____

Race/Ethnicity:
 White, not Hispanic
 Hispanic
 Black
 Other

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV or IPV)					Booster
DTP/DTaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)					
MMR (Measles, mumps, and rubella)					
HIB (Required only for child care and preschool)					
HEPATITIS B					
VARICELLA (Chickenpox)					
HEPATITIS A (Not required)					

I. DOCUMENTATION

I certify that I reviewed a record of this child's immunizations and transcribed it accurately.

Date _____
 Staff Signature _____

Record Presented was:

- Yellow California Immunization Record
 Out-of-state school record
 Other immunization record

II. STATUS OF REQUIREMENTS

A. All Requirements are met.

B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:

- C. Medical Reasons—Permanent
 D. Medical Reasons—Temporary
 E. Personal Beliefs

III. 7th GRADE ENTRY

A. All Requirements are met.

B. Currently up-to-date, but more doses are due later. Needs follow-up.

CHEST X-RAY (Necessary if skin test positive)

Film date: _____ Impression: normal abnormal

Person is free of communicable tuberculosis: yes no

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression
	<input type="checkbox"/> PPD-Mantoux				<input type="checkbox"/> Pos
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux				<input type="checkbox"/> Pos
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg

*If required for school entry, must be Mantoux unless exception granted by local health department.

INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the child's birthday, month/day/year is required.)
3. Determine if immunization requirements have been met, using the California "Immunization Requirements for Grades K-12," or "Immunization Requirements for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the Documentation and Status of Requirements box
 - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
 - B. If the child has met all immunization requirements, check box A and write in date.
 - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
 - D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met; check box A and box C. If the medical exemption is temporary, check box B and box D; this child must be followed up.*
 - E. If a child is to be exempted for reasons of personal beliefs the parent or guardian must sign and date the affidavit below. No other parents should sign this affidavit. All requirements are met; check box A and box E.

PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION

I hereby request exemption of the child, named on the front, from the immunization requirements for school/child care entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER FIRMADA POR EL PADRE O LA MADRE O EL GUARDIÁN
Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para vacunas de la escuela/guardería ya que algunas o todas de las vacunas son opuestas a mis creencias. Comprendo que en caso de un brote en la comunidad de alguna de estas enfermedades, mi hijo puede ser excluido temporalmente de la escuela/guardería por su propia protección.

Signature (Firma) _____

Date (Fecha) _____

Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry

Personal Beliefs Affidavit to be Signed by Parent or Guardian—Tuberculosis

I hereby request exemption of the child named on the front from the tuberculosis assessment requirement for school/child care center entry because this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

Creencias Personales: Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) _____

Date (Fecha) _____

* Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.

Rocklin Unified School District

2615 Sierra Meadows Drive • Rocklin, CA 95677

Phone • (916) 624-2428 Fax • (916) 624-7246



Roger Stock, Superintendent
Kathleen Pon, Deputy Superintendent

Barbara Patterson, Deputy Superintendent
Colleen Slattery, Assistant Superintendent

Dear Parent/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 Placer County Health and Human Services, 11519 B Avenue, Auburn, CA 95603 (530-889-7610) or the Roseville Office (916-784-6000).
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.com>
3. For additional resources that may be helpful, contact Placer County Health and Human Services, 11519 B Avenue, Auburn, CA 95603 (530-889-7610) or the Roseville Office (916-784-6000).

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 school site health office or email the district health services supervisor at: RUSDnurses@rocklin.k12.ca.us.

Board Members: Susan Halldin • Wendy Lang • Todd Lowell • Camille Maben • Eric Stevens

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 *(To be 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 *(To be filled out by a California licensed dental professional)*

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

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <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; margin-top: 10px;"> <div style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></div> <div style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></div> <div style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></div> </div>			
<i>Licensed Dental Professional Signature</i>		<i>CA License Number</i>	
		<i>Date</i>	

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.



**HEALTH
CARE
FOR ALL
FAMILIES**

A PROJECT OF THE CHILDREN'S PARTNERSHIP

Enroll. Get Care. Renew. Health Coverage All Year Long

Health Coverage Options

Medi-Cal:

- ▶ Children—regardless of immigration status—foster youth, pregnant women, and legally present individuals—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- ▶ Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and youth at no- or low-cost.
- ▶ Medi-Cal enrollment is available year round.

Covered California:

- ▶ Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- ▶ Based on income and family size, many Californians may qualify for financial assistance.
- ▶ Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.

! Immigrant Families visit: www.allinforhealth.org/immigrantfamilies
Immigration status information is kept private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.

You and your family may qualify for financial help:

Household Size	If 2016 household income is less than...		If 2016 household income is between...
	\$16,395	\$31,601	\$16,395-\$47,080
1	\$16,395	\$31,601	\$16,395-\$47,080
2	\$22,108	\$42,614	\$22,108-\$63,720
3	\$27,821	\$53,626	\$27,821-\$80,360
4	\$33,534	\$64,638	\$33,534-\$97,000
5	\$39,248	\$75,651	\$39,248-\$113,640
6	\$44,961	\$86,663	\$44,961-\$130,280
▶	Adults may be eligible for Medi-Cal	Children may be eligible for Medi-Cal	May be eligible for financial help to purchase insurance through Covered California

Enroll.

Three ways to enroll in Medi-Cal and Covered California:

-  www.coveredca.com
-  **1 (800) 300-1506**
-  Find in-person help: www.coveredca.com/get-help/local/

Get Care.

- ▶ Find a primary care doctor in your network.
- ▶ Schedule an annual checkup for you and your family.
- ▶ Make sure to take your child to the dentist.
- ▶ Pay your monthly premium if your plan requires it.

Renew.

- ▶ Medi-Cal must be renewed every year. If you receive a renewal notice, complete and return. You can also renew online or by phone. For help, contact your local Medi-Cal office.
- ▶ Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at 1 (800) 300-1506.

For more information go to:
www.allinforhealth.org

May 2016



Inscríbese. Cuide Su Salud. Renueve Su Cobertura. Cobertura de salud durante todo el año

Sus Opciones de Cobertura de Salud

Medi-Cal:

- ▶ Los niños—sin importar su estatus migratorio—niños de crianza, mujeres embarazadas y personas que estén legalmente en el país—incluyendo aquellos que tengan DACA—pueden ser elegibles para Medi-Cal de bajo costo o sin costo alguno.
- ▶ Medi-Cal proporciona vacunas, visitas al doctor de prevención, especialista, oculista y servicios dentales para niños y jóvenes gratis o a bajo costo.
- ▶ Inscripción al programa de Medi-Cal está disponible todo el año.

Covered California:

- ▶ Covered California es donde los residentes legales de California pueden comparar planes de salud de alta calidad y elegir el que les conviene.
- ▶ Dependiendo de los ingresos y el tamaño de la familia, muchos Californianos también podrían calificarán para obtener ayuda financiera.
- ▶ Inscríbese durante la Inscripción Abierta o en cualquier momento durante el año que a tenido un evento calificado de vida, como si perdió su trabajo o tuvo un bebé. Tienen 60 días del evento para inscribirse.

! **Para familias inmigrantes** visten: www.allinforhealth.org/familiasinmigrantes
 Su información de inmigración es confidencial, protegida, y segura. Su información no se usará para fines de control de inmigración. Solo se usará para determinar la elegibilidad para cobertura médica.

Usted y su familia podrían calificar para asistencia financiera:

Tamaño de la familia	Si el ingreso familiar en 2016 es menos de...		Si el ingreso familiar en 2016 es entre...
1	\$16,395	\$31,601	\$16,395-\$47,080
2	\$22,108	\$42,614	\$22,108-\$63,720
3	\$27,821	\$53,626	\$27,821-\$80,360
4	\$33,534	\$64,638	\$33,534-\$97,000
5	\$39,248	\$75,651	\$39,248-\$113,640
6	\$44,961	\$86,663	\$44,961-\$130,280
▶	Adultos podrían calificar para Medi-Cal	Niños podrían calificar para Medi-Cal	Podría calificar para asistencia financiera en la compra de un seguro a través de Covered California

Inscríbese.

Tres maneras para inscribirse con Medi-Cal y Covered California:

-  www.coveredca.com/espanol/
-  **1(800) 300-0213**
-  Ayuda en persona: www.coveredca.com/espanol/get-help/local/

Cuide Su Salud.

- ▶ Elija su doctor de su red medica.
- ▶ Haga sus citas anuales con su doctor para usted y su familia.
- ▶ Asegúrese de llevar a su hijo(s) al dentista.
- ▶ Si su plan lo requiere, haga su pago mensual.

Renueve Su Cobertura.

- ▶ Medi-Cal tiene que ser renovada cada año. Si recibe un aviso de renovación, se debe completar y devolver. También puede renovar en línea o por teléfono. Para obtener ayuda, póngase en contacto con su oficina local de Medi-Cal.
- ▶ Los planes de salud a través de Covered California se deben renovar cada año. La información para renovar se le enviara a finales de año o contacte a Covered California al 1 (800) 300-0213.