

Kindergarten 2017-18 Registration Packet Check List

Eligibility for Enrollment:

Must be born on or before September 1, 2012

Indicate your home school.

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Antelope Creek | <input type="checkbox"/> Rock Creek | <input type="checkbox"/> Sunset Ranch |
| <input type="checkbox"/> Breen | <input type="checkbox"/> Rocklin | <input type="checkbox"/> Twin Oaks |
| <input type="checkbox"/> Cobblestone | <input type="checkbox"/> Ruhkala | <input type="checkbox"/> Valley View |
| <input type="checkbox"/> Parker Whitney | <input type="checkbox"/> Sierra | |

✓	Documents/Forms	
	Kindergarten Welcome Letter	Parent keeps
	District Calendar	Parent keeps
	Enrollment Procedures	
	Residence Verification *	Parent provides
	Student Registration	*** Note: Parent must provide proof of child's age
	Home Language Survey	
	Student Emergency Information Card	
	TK/Kindergarten Health Checklist	Parent keeps
	Record of Special Education Programs	
	Health and Developmental Information	
	Health Exam	Due to site office no later than 11/15/18
	Proof of Immunization Record **	Parent provides
	Oral health letter	Parent keeps
	Oral health form	Due to site office no later than 6/1/18
	Transportation information	Available July 2017

- * In addition to completing the verification form, parent must provide documented proof of residence.
- ** California School Immunization Record will be printed at each site. Parents only need to provide the proof of immunizations so a copy can be made and included for school site records.
- *** Per Education Code Section 48002, provide proof of child's age (for example, a certified copy of a birth certificate, a statement by the local registrar or county recorder certifying the date of birth, a duly attested baptism certificate, passport.) When none of the foregoing is obtainable, an affidavit of the parent, guardian, or custodian of the minor is required. The "Proof of Affidavit" form can be obtained from the RUSD District Office during regular office hours (7:30-4:30).

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

December 15, 2016

Dear Kindergarten and Transitional Kindergarten 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. 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.

Our grade level curriculum is aligned to the California Common Core State Standards. These standards drive the plans for daily instruction and homework; and also provide the basis for progress reports and report cards. Parent/teacher conferences add further clarity regarding student progress. 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,

A handwritten signature in blue ink, appearing to read 'Roger Stock', is written in a cursive style.

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 <input type="checkbox"/>	Female <input type="checkbox"/>	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
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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

TK/Kindergarten Health Checklist

Welcome to Kindergarten! There are several items in the registration packet that we will need from you in order for your child to start school.

- Health History Form** - Please take the time to completely fill out the health history form. The health services staff needs to know if there are any medical conditions that may impact your child's ability to learn and be safe at school.

- Medication Administration Forms** - If your child needs to take any medications at school, prescription or **over-the-counter**, a physician's order must accompany the medication. You may obtain a medication form from your child's school or on our website at www.rocklinusd.org/health

- Physical Examination** - Rocklin Unified School District recommends that each kindergartner have a physical examination prior to starting school. *State law requires that, within 90 calendar days of entrance into the **first grade**, the child's parent/guardian must provide a certificate documenting that the child has received a health checkup within the previous 18 months.*

- Oral Health Assessment** - State law requires an Oral Health assessment from your child's dentist. This assessment is due by **May 31** of the kindergarten year. Your child may be excused from this requirement (*see details on the enclosed Oral Health Assessment Form*).

- Immunization Records** - Your child will need proof of the following immunizations in order to register and start kindergarten. If your child is in the process of completing some immunizations, then he/she will be conditionally placed in a class until documentation can be provided. For more information on immunizations please visit www.shotsforschool.org
 - **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, or DT)** — 5 doses (4 doses OK if one was given on or after 4th birthday)
 - **Polio (OPV or IPV)** — 4 doses (3 doses OK if one was given on or after 4th birthday)
 - **Hepatitis B** — 3 doses
 - **Measles, Mumps, and Rubella (MMR)** — 2 doses (Both given on or after 1st birthday)
 - **Varicella (Chickenpox)** — 1 dose

If you have any questions, or would like to discuss any health issues regarding your child, please feel free to contact the Health Office at your child's school. You can look this information up at:

www.rocklinusd.org/health

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

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 Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

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

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

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

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

Signature of parent or guardian _____
Date

Name, address, and telephone number of health examiner

Signature of health examiner _____
Date

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

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregue a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido	Primer Nombre	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DOMICILIO—Número y Calle	Ciudad	Zona Postal	Escuela

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

EXAMEN DE SALUD

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.

Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Cuarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTP/DT/Td (difteria, tétano y [acelular] pertusis [tos ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)

RESULTADOS Y RECOMENDACIONES

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

*de ser indicado

PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián

Fecha

Firma del examinador de salud

Fecha

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

CHDP website: www.dhcs.ca.gov/services/chdp

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 _____ Race/Ethnicity: White, not Hispanic Address _____

Telephone _____ Daytime _____ Nighttime _____ City _____ ZIP _____

- Race/Ethnicity:
 White, not Hispanic
 Hispanic
 Black
 Other: _____

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
POLIO (OPV or IPV)						
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 as:

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

II. STATUS OF REQUIREMENTS

- A. All Requirements are met.
Date _____
- 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.
Name _____ Date _____
- B. Currently up-to-date, but more doses are due later. Needs follow-up.
Name _____ Date _____

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression	CHEST X-RAY (Necessary if skin test positive)	
						Film date: _____	Impression: <input type="checkbox"/> normal <input type="checkbox"/> abnormal
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other				<input type="checkbox"/> Pos <input type="checkbox"/> Neg	Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other				<input type="checkbox"/> Pos <input type="checkbox"/> Neg		

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

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, foster youth, pregnant women, adults, US citizens, and immigrants—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.

! Undocumented Families visit: www.allinforhealth.org/resources#Undocumented
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 2015 household income is less than...		If 2015 household income is between...
1	\$16,105	\$31,043	\$16,106 – \$46,680
2	\$21,708	\$41,842	\$21,709 – \$62,920
3	\$27,311	\$52,642	\$27,312 – \$79,160
4	\$32,913	\$63,441	\$32,914 – \$95,400
5	\$38,516	\$74,241	\$38,517 – \$111,640
6	\$44,119	\$85,041	\$44,120 – \$127,880
▶	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. Medi-Cal will mail renewal packet. Complete and return. For help, contact your local Medi-Cal office or call 211.
- ▶ 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

April 2015





**Asegúrate,
para el
bienestar de
tu familia**

UN PROYECTO DE "THE CHILDREN'S PARTNERSHIP"

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

Sus Opciones de Cobertura de Salud

Medi-Cal:

- ▶ Niños, jóvenes en hogares de crianza, mujeres embarazadas, adultos, ciudadanos de los Estados Unidos, e inmigrantes incluyendo personas con el estatus de Acción Diferida (DACA)—podrían ser elegibles para Medi-Cal gratis o a bajo costo.
- ▶ 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 indocumentadas** visten: www.allinforhealth.org/resources#Undocumented
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 2015 es menos de...		Si el ingreso familiar en 2015 es entre...
1	\$16,105	\$31,043	\$16,106 – \$46,680
2	\$21,708	\$41,842	\$21,709 – \$62,920
3	\$27,311	\$52,642	\$27,312 – \$79,160
4	\$32,913	\$63,441	\$32,914 – \$95,400
5	\$38,516	\$74,241	\$38,517 – \$111,640
6	\$44,119	\$85,041	\$44,120 – \$127,880
▶	Adultos podrían calificar para Medi-Cal	Niños podrían calificar para Medi-Cal	Podrías 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.

- ▶ El seguro de Medi-Cal debe ser renovado cada año. Medi-Cal le enviará por correo su paquete de renovación. Complete y regrese el paquete. Para ayuda, contacte su oficina de Medi-Cal o marque 211.
- ▶ 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.

Para más información visite:
www.allinforhealth.org
www.asegurate.com

Abril 2015

