

SPENCER VALLEY ELEMENTARY SCHOOL

School Year 2012-2013

The following paperwork is needed for *New Students* enrolling

Forms included in packet

- Enrollment Form
- Student Records Request Form
- School Calendar

Documents you need to bring to school to be copied

- Birth Certificate
- Immunization Record (Must include Proof of Hepatitis Vaccinations)
- TWO verifications of Residency (SDGE Bill, Lease, Cable Bill, etc. containing your physical address.
- Physical Exam documentation (**for Kindergarteners and First graders only**)
- Oral Heath Exam documentation (**for Kindergarteners and First graders**)

Other documents needed:

- Interdistrict Transfer (if applicable, obtain from the school district of residence)

Spencer Valley School District

Spencer Valley School

P.O. Box 159

(760)765-0336

Attention: Student Records

School: _____

Address: _____

Telephone Number: _____ FAX: _____

From: Spencer Valley School District

Subject: Request for Records

Student's name: _____

Date of Birth: _____

Please send school records, health records, reports of academic progress, psychological evaluation, and confidential information regarding the above named student to:

Spencer Valley School District

P.O. Box 159

Santa Ysabel, CA 92070

Parents may request to review these records when they are received.

Signature of Parent/Guardian

Requested by: _____
Mary Lou Kugler, School Secretary

Date: _____

SPENCER VALLEY SCHOOL

GRADE

Student Last Name:

▶ **Has your student ever attended Spencer Valley public schools before?** Yes No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)			
<input type="checkbox"/> Male <input type="checkbox"/> Female Birth date:		<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> </table>	Month	Day	Year	
Month	Day	Year				
Parent/Guardian First Name	Last Name	Home Phone () ()	Work Phone () ()			
Parent/Guardian First Name	Last Name	Home Phone () ()	Work Phone () ()			
Mailing Address	Apt#	City	State Zip			
Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State Zip			

(P.O Box or house # & street name)

First Name:

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Not Hispanic or Latino

WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)

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 race to be.

<input type="checkbox"/> American Indian or Alaskan Native(100) <small>(Persons having origins in any of the original people of North, Central or South America)</small>	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	
	<input type="checkbox"/> Samoan (303)	

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

Graduate Degree or Higher (10)
 College Graduate (11)
 Some College or Associate’s Degree (12)
 High School Graduate (13)
 Not a High School Graduate (14)

Date first attended school <u>in the U.S.</u>		
Month	Day	Year
Date first attended school <u>in California</u>		
Month	Day	Year

Permanent ID:

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: Yes No

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? Yes No I don't know

In which language do you wish to receive written communications from the school? English Spanish

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel (09) |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12) |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | <input type="checkbox"/> Other (15) (please specify) _____ |

Parent/Guardianship Information (with whom the student lives) – check all that apply

Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other _____
 is the above (checked) person (s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit"
 If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step Father/Guardian (check one) Full Name: _____
 Employer: _____ City: _____ Daytime Phone # (____) _____
2. Mother Step Mother/Guardian (check one) Full Name: _____
 Employer: _____ City: _____ Daytime Phone # (____) _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: _____ Phone #: (____) _____
 Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? Yes No
 Has your child been suspended? Yes No Has your child ever been expelled? Yes No
 What special services has your child received? (please check all boxes that apply)
Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504
Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development
 Help to Improve Attendance/ Behavior Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
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County of San Diego

School Entry Health Checkups (Kindergarten/First Grade)

You want your child to be **healthy** to get the most out of school.

Early and regular **health checkups** can find, prevent and treat many health problems before they become serious.

That is why California has a law that says all children **must** have a health checkup before they enter first grade.

The health checkups must be completed **a year and a half (18 months) prior to or 90 days after** your child begins first grade to meet the school entry requirement.

A health checkup includes:

- ✓ A health history and physical examination
- ✓ Urine, blood and tuberculosis (TB) tests when necessary
- ✓ Dental screening
- ✓ Nutritional assessment
- ✓ Vision and hearing tests
- ✓ Immunizations, if necessary
- ✓ Developmental assessment
- ✓ Other tests, if needed

Before first grade begins:

If your child had a health checkup at kindergarten entry and a report is not already at the school, you need to get a report from your child's doctor or clinic and take it to the school where your child will begin first grade.

If you are not able to pay for this checkup, please call **Maternal, Child and Family Health Services** to find out if your child is eligible for a **no-cost** health checkup through the CHDP* (Child Health and Disability Prevention) Program and for on-going complete medical, dental and vision care at a price you can afford.

PLEASE CALL TODAY

1-800-675-2229

English and Spanish spoken

**CHDP is a state program that pays for health checkups and immunizations for children from families with low-incomes and children on Medi-Cal.*

To bring to your doctor or clinic:

1. **The Report of Medical Examination for School Entry (Green Form - attached).** Please complete the top part of the form filling in all of the information requested from parent or guardian.
2. **Your child's yellow Immunization Card (called the California Immunization Record).** If you do not have this card, ask for one where your child had the last immunizations.
3. **A Benefits Identification Card (BIC).** Bring this if your child has Medi-Cal.

After the health checkup:

1. **Give the Report of Medical Examination for School Entry to the school.**
2. **Show the Immunization Card to the school.** Then take the card home and keep it in a safe place. You will need proof of immunizations many other times in your child's life.



Note . . .

If health checkups or immunizations are against your personal beliefs, you **must** sign a form at the school office.

If your child cannot receive immunizations because of a medical problem, bring a doctor's note to the school.

If there is a disease outbreak at the school and your child is not immunized against the disease, your child cannot attend school until the outbreak is over.



Report of Medical Examination for School Entry

California law requires a medical examination for school entry to protect the health of all children.
Please return this report to the school. All personal information will be kept confidential.

PART I TO BE FILLED OUT BY PARENT OR GUARDIAN/ Español al dorso

CHILD'S NAME—Last	First	Middle Initial	School
ADDRESS—Number, Street	City	ZIP Code	Birth Date—Month/Day/Year

- I want the medical provider to complete **Part II and Part III**
 I want the medical provider to complete **Part II only**

_____/_____/_____
Signature of Parent or Guardian Date

PART II TO BE FILLED OUT BY THE MEDICAL PROVIDER

Tests and Evaluations			Date	Medical Provider Information
Child's Height	Child's Weight		Child's BMI Percentile	Name, Address, and Telephone Number: Signature of Medical Professional Date
inches	lbs	ozs	%	
Health/Development History				
Physical Examination				
Nutritional Evaluation				
Vision Screening				
Audiometric Screening				
Blood Test for Anemia				
Urine Dipstick				
Dental Screening				
Tuberculin (TB) Skin Test (Recommended for ALL children entering first grade)				

CHILD HAS A COMPLETED OR UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD YES NO

PART III TO BE FILLED OUT BY THE MEDICAL PROVIDER

Other Health Information (Optional): For the child's welfare—and with the permission of the parent or guardian—it is recommended that significant health information be shared with the school. *Please contact the school nurse if the child needs help with medication at school.*

- Parent requests Part III not be filled out The examination revealed no conditions of importance to school or physical activity.
 Conditions that need further evaluation or that can affect school or physical activity are (*please explain*):

WAIVER OF MEDICAL EXAMINATION

Note: Your child must have immunizations required by State law, even if no health examination is given.

I have been told about the medical examination recommended by health professionals and required by State law. I have also been told where and how my child can receive medical examinations at no cost, if such assistance is needed.

___ I do not want my child to receive a medical examination
 ___ I do want my child to receive a medical examination, but I am unable to get it because _____

Signature of Parent or Guardian

Date

County of San Diego Health and Human Services Agency, 3851 Rosecrans Street, Suite 522, MS: P511-H, San Diego, CA 92110
 For more information, please call 619-692-8808

Spencer Valley Elementary

PO Box 159 ~ 4414 Hwy. 78
Santa Ysabel, CA 92070
(760)765-0336

Dear Parent or Guardian:

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

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

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

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

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

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

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

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

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

If you have questions about the new oral health assessment requirement, please contact (fill in name of district personnel or office responsible for the program, telephone number and/or e-mail address).

Sincerely,
Julie Z. Weaver
District Superintendent

Oral Health Assessment/Waiver Request Form

California law, *Education Code Section 49452.8*, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Section 1

To be completed by the 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 Gender: <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"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown		

Section 2

Oral Health Data Collection

To be completed by the dental professional conducting the assessment

Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed
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Dental professional's signature

Date

Section 3
Waiver of Oral Health Assessment Requirement
To be completed by a parent or guardian requesting to be excused from this requirement

I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)

- I am unable to find a dental office that will take my child's insurance plan.
My child is covered by the following insurance plan:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids None
 Other _____

I cannot afford an oral health assessment for my child.

I do not wish my child to receive an oral health assessment.

Optional: other reasons my child could not get an oral health assessment: _____

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. If you have any questions about this requirement, please contact your school office.

Signature of parent or guardian

Date