



WILLIAMS RANCH SCHOOL

14804 Pleasant Valley Road
Penn Valley, CA 95956
(530) 432-7300 • 639-2118

WELCOME TO WILLIAMS RANCH SCHOOL

Enclosed are the forms that need to be completed and returned in order for your child to start school. The following items are also required for your student's entry. Please include this information when you return the enclosed enrollment paperwork.

1. Birth Certificate
2. Proof of Residency in our district (form to complete is included in packet)
3. Immunization Record (a copy of the required immunizations is included in packet)
4. Court orders or other Legal Documents
5. Copy of Driver's License

The School office will re-open on August 1st. You can return your enrollment information to the office after that date, or return it to the District Office over the summer break.

Please complete the enrollment form, with the emergency numbers and medical information. The parent signature on the bottom is required.

We look forward to meeting your child and having a great school year!

- Ready Springs School
- Williams Ranch School
- Vantage Point Charter
- Kiddie Corral Preschool

PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT

School Year: 2018-2019

Grade

ENROLLMENT FORM

Enrollment Page 1

FOR SCHOOL USE

Entrance Date (Mo/Day/Yr)

Student ID # Teacher

CSIS #

InterDistrict Transfer Y N

IntraDistrict Transfer Y N

Parent Rights
 Yes No

Special Ed Form
 Yes No

Address Verification Initials
 Yes No

Parent/Guardian ID

Birth Verification
 Birth Certificate
 Baptismal Record
 Passport
 Transfer

Ethnicity/Race - Blank
 ET RC

Immunizations
 Yes No

Oral Examination
 Yes No
(K entry)

Health Examination
 Yes No
(1st Grade entry)

Permission to Take Medication At School

Form on File: Yes No

Lunch Program
 Free Reduced

Cum Folder Requested (Date)

Cum Folder Received (Date)

Student's Legal Name - Last		First		Middle	
Nickname or Goes By Different Name: (Please List)		Student's Birth Place (City, State)		Date of Birth (month, day, year)	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary
Student's Residence Address		Apt. #	City	Zip	Home Telephone
Student's Mailing Address		Apt. #	City	Zip	Fax Number
e-mail address (Primary Contact, Not for Emergency Use)			Has Your Child Ever Been Retained? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Retained, What Grade Level?
Father's Name <small>Lives with <input type="checkbox"/> Yes <input type="checkbox"/> No (Address if different from above)</small>	Employer Name/Address		Home #/Work #/Cellphone #/Pager # Home: Work: Cell: Pager:		Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training
Mother's Name <small>Lives with <input type="checkbox"/> Yes <input type="checkbox"/> No (Address if different from above)</small>	Employer Name/Address		Home #/Work #/Cellphone #/Pager # Home: Work: Cell: Pager:		Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training
Legal Guardian <small>Lives with <input type="checkbox"/> Yes <input type="checkbox"/> No or Step Parent (Address if different)</small>	Employer Name/Address		Home #/Work #/Cellphone #/Pager # Home: Work: Cell: Pager:		Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training
Transportation To/From School: Bus <input type="checkbox"/> Yes <input type="checkbox"/> No Route: _____ AM _____ PM Walks <input type="checkbox"/> Bikes <input type="checkbox"/> Parent Transports <input type="checkbox"/> Other:	Legal Restrictions Court Order: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If Yes, please provide a copy to the school office.		Has Student Been Expelled From Another School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____		Student's Special Programs <input type="checkbox"/> Resource Specialist Program (IEP) <input type="checkbox"/> DIS (Speech, Hearing, Psych, etc.)(IEP) <input type="checkbox"/> Special Day Class (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Bilingual (FEP/LEP/NEP) <input type="checkbox"/> G.A.T.E. <input type="checkbox"/> Title I/Miller-Unruh <input type="checkbox"/> Counseling <input type="checkbox"/> Other _____
Other Children in the Family					
Names (First, Last)		Age	Relationship to Student		School Attending
					Lives With Student <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Last School Attended <small>Name</small>		Grade	Month	Date	Year
Date of Arrival in the United States:					
Street		Phone #	Date of First School in United States:		
City, State, Zip			Date of First School in California:		

Student Name: _____

Office Use: Copy of this page provided to School Nurse: _____

Enrollment Page 2

Emergency Numbers (use local number of people who can pick up your child and be responsible for them)

1.	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Relationship</i>	<i>Home Phone #</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>
2.	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Relationship</i>	<i>Home Phone #</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>
3.	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Relationship</i>	<i>Home Phone #</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>

Please List Medical Conditions the School Should Be Aware Of And Make Necessary Explanations.

Please List Any Medications Taken On A Regular Basis And An Explanation.

Do These Medications Need To Be Taken At School? Yes No
(If YES - requires a medication at school form – see the school office)

Administration of Medication at School Form on File? Yes No

Health Information (Please check if your child has had, or now has, any of the following medical conditions.)

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Eczema/Skin Trouble	<input type="checkbox"/> Physical Limitation
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Reyes Syndrome	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> History of Ear Problem	<input type="checkbox"/> Wears Contact Lenses
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Problem	<input type="checkbox"/> Wears Glasses
<input type="checkbox"/> Measles (3-day)	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Diagnosed ADD or ADHD	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Eye Injury
<input type="checkbox"/> Measles (10-day)	<input type="checkbox"/> Strep Throat	<input type="checkbox"/> Asthma	<input type="checkbox"/> History of Fractures	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Mumps	<input type="checkbox"/> Tonsils/Adenoids Removal	<input type="checkbox"/> Bladder Problems	<input type="checkbox"/> History of Hospitalization	<input type="checkbox"/> Frequent Nose Bleeds
<input type="checkbox"/> Physical Handicap	<input type="checkbox"/> Tuberculosis Contact	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> History of Surgery	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Color Vision Deficiency	<input type="checkbox"/> Known Hearing Loss	<input type="checkbox"/> Other: _____

Emergency Treatment Release

In case of accident or other emergency, **if a parent or guardian cannot be reached**, I hereby authorize a representative of the school to make such arrangements, as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

I understand the Penn Valley Union Elementary School District does not provide medical or accident insurance for students for school-related injuries or treatment. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

Any amendments or deletions on this authorization should be initiated by the parent/guardian. This authorization will remain in effect until revoked by the undersigned.

Physician _____ Phone # _____

Policy Number _____

Insurance ID _____

Insurance Company _____

I hereby certify that all information entered on both sides of this enrollment form is true and correct. I also understand and agree to the above Emergency Treatment Release.

Signature of Parent/Legal Guardian

Date

HOME LANGUAGE SURVEY

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

1. Which language/dialect did your child learn when he/she first began to talk? _____ 2. What language do you most frequently speak to your child? _____
3. Which language does your child most frequently use at home? _____ 4. Name the language most often spoken by the adults at home? _____
5. Has your child ever been given the California English Language Development Test? Yes No I do not know

ETHNICITY**WHAT IS YOUR CHILD'S ETHNICITY?**

- Hispanic/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

MILITARY DUTY

Does your child have a parent on full-time active duty in the uniformed services of the U.S.?

- Yes (if Yes Branch _____ Rank _____)
- No

RACE SURVEY

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

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

Signature:

Date:

**PENN VALLEY UNION
ELEMENTARY SCHOOL DISTRICT**

Residency Verification

_____ Student Name

_____ Address

A current original statement of one of the following forms of residence verification must be provided (no other documents will be accepted):

- City Utility Bill (service address verified) PG&E Bill (service address verified) New Home Sales Agreement or Rental Agreement (with move in date) (must be followed up with a utility bill)
- Not a district resident (inter-district must be on file & include residence verification)

Please check one (1) box below **IF** this describes where this student is currently living. This information will be used to determine whether your child qualifies for any additional assistance under the Federal No child Left Behind Act.

- Temporarily Doubled Up** – A temporary residence where a homeless family is sharing the housing of other persons due to the loss of housing, economic hardship, or other similar reasons.
- Hotels/motels** – A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly, or monthly basis.
- Temporary Shelters** – A temporary residence provided for homeless individuals who would otherwise sleep on the street or a temporary residence provided to individuals in emergency situations. This is also applicable to children who are in temporary residences awaiting permanent placement in foster care.
- Temporarily Unsheltered** – A type of residence for homeless individuals that is not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, campgrounds, trailer parks, bus and train stations, or persons abandoned in the hospital (on the street). A rule of thumb would be to see the dwelling as comparable to an automobile in that it shelters but is not adequate housing.

FOSTER CARE

- Foster Family Home or Kinship Placement – family residence that is licensed by the state, or other public agency having delegated authority by contract with the state to license, to provide 24-hour non-medical care and supervision for not more than six foster children, including, but not limited to, individuals with exceptional needs. This also includes "Small Family Homes" as described in Health and Safety Code Section 1502(c)(6)(Educational Code Section 56155.5[b]), or an "Approved Home" of a relative. An "Approved Home" means the home of a relative or nonrelative extended family member that is exempt from licensure and is approved as meeting the same standards as those set forth in CCR Title22, Div.6, Article 3. This is not the same as a Licensed Children's Home.

_____	_____
Parent/Guardian Signature	Date

PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT

SHARED RESIDENCE AFFIDAVIT

In order to comply with residency requirements established under the California Education code, it is necessary to provide proof of legal residence. A parent/guardian and student who cannot provide the normal proof of residency, and who are both residing with another individual or family in property that is in the name of the other party, shall be required to file this Affidavit of Residency.

STUDENT NAME (print clearly)			
(Last)	(First)	(Middle)	
Date of Birth	Grade	Parent/Guardian Phone: (Day)	
PARENT/GUARDIAN NAME: (print clearly)			Parent/Guardian Phone: (Night)
(Last)	(First)		
PARENT/GUARDIAN STREET ADDRESS: (print clearly)		Apt#	Parent/Guardian Phone: (Other)
CITY	ZIP	NAME of Owner/Lessor/Renter	Owner/Lessor/Renter Phone:

TO BE COMPLETED BY PARENT/GUARDIAN:

I am the PARENT/LEGAL GUARDIAN of this student and am now sharing the residence listed at the above address. I understand that home visitations may be made and that providing false information regarding the full-time residence of the student is cause for immediate disenrollment of the student from the school of attendance.

This living arrangement is:

_____ Temporary: planned length of stay in this shared residence: _____

_____ Permanent

I declare under penalty of perjury under the laws of California that the foregoing information is true and correct.

Signature of Parent/Guardian: _____ Date: _____

DRIVER's LICENSE or I.D. CARD # of PARENT/GUARDIAN: _____

(Attach a photocopy of I.D.)

TO BE COMPLETED BY OWNER/LESSOR/RENTER OF RESIDENCE:

I am the OWNER/LESSOR/RENTER of the listed residence and verify that both this student and the student's parent/guardian are living full time with me at the above address. I certify that I have the legal right as owner/lessor/renter of the property, which is listed in my name, to provide such residency.

I declare under penalty of perjury under the laws of California that the foregoing information is true and correct.

Signature of Owner/Lessor/Renter of Residence: _____ Date: _____

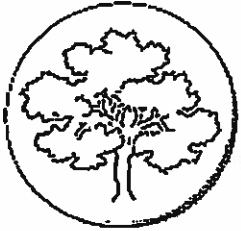
DRIVER's LICENSE or I.D. CARD # of OWNER/LESSOR/RENTER OF RESIDENCE: _____

(Attach a photocopy of I.D.)

STAFF USE ONLY

RSS VPS WRS

RECEIVED BY SCHOOL OFFICIAL: _____ DATE: _____



PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT

14806 Pleasant Valley Rd., Penn Valley, CA 95946-9722

Phone (530) 432-7311 Fax (530) 432-7314

Torie F. England, Ed.D. - Superintendent

SPECIAL SERVICES SURVEY

Student Name: _____ Grade: _____

Date of Birth: ___/___/___ Previous School District: _____

- 1. Has your child ever been retained? If so what grade? _____ Yes No
- 2. Has your child ever received Resource Specialist Program Services (RSP) or any other academic Special Education Services? Yes No
- 3. Has your child ever received Speech Services? Yes No
- 4. Has your child ever received Title 1 Services? Yes No
- 5. Has your child ever received Bilingual Services?

Which Language? _____ Yes No

- 6. Has your child ever been in a Self-Contained Special Education Class or Learning Center? Yes No
- 7. Has your child been "GATE identified"? Yes No
- 8. Do you have a copy of your child's IEP? Yes No
- 9. Do you have other children who have received special services? Yes No
If yes, please explain what services.

<u>Child's Name</u>	<u>Grade</u>	<u>School</u>

10. Is there any special information you would like your child's teacher to know regarding your child's academic background or special needs?

Parent/Guardian Signature Date

FROM THE SCHOOL NURSE

Before school opens

Plan to visit your child's doctor for immunizations and a physical exam.

State requirements are:

- 4 Polio
- 5 DTP or DTap
- 2 MMR
- 1 Varicella
- 3 Hepatitis B

Note: Students will not be admitted unless immunizations are up-to-date.

Physical Exam

- Is required before entering first grade.
- Is recommended before entering Kindergarten to screen out any health problems.
- Have your doctor fill out the Health Examination form and return it to your school.

Call your family doctor for a check-up today!

For Health

1. Keep your child home and call the doctor (as needed) for:
 - sore throat
 - ear ache
 - nausea/vomiting
 - oozing sores
 - any contagious disease (strep throat, chicken pox, flu, mononucleosis, impetigo, etc.)
 - red, inflamed eyes
 - fluid in ears
 - stomach ache
 - severe poison oak
 - coughing
 - fever/chills
 - skin rash
 - lice, scabies
2. Contagious diseases, lice and scabies must be reported to the school immediately to prevent re-infection.
3. At school, if your child becomes ill or is injured, we will give first aid and contact you if needed. Please be sure the school has a number where you or a friend can be reached at all times in case of any emergency.

NEVADA COUNTY
PUBLIC HEALTH DEPARTMENT
(530) 265-7049

IMMUNIZATION SCHEDULE
EFFECTIVE JAN 2018

Childhood Immunizations
GRASS VALLEY
Ages 0 through 18

Nevada County Public Health Dept.
500 Crown Point Circle, Grass Valley
2nd & 4th Thursdays monthly, 1-4 PM
(Except Holidays)
Appointments preferred, Walk-in ok

Adult Immunizations ONLY
GRASS VALLEY
Ages 19 and over

Nevada County Public Health Dept.
500 Crown Point Circle, Grass Valley
3rd Thursday monthly, 1-4 PM
(Except Holidays)
Appointments preferred, Walk-in ok

NORTH SAN JUAN - All Ages
Community Center 10:00 - 11:30 AM
Thursdays - July 19, 2018
and October 18, 2018
on the above dates only!

WASHINGTON - All Ages
Food Bank 10:00 - 11:30 AM
Wednesdays - August 1, 2018
and November 7, 2018
on the above dates only!

NEVADA COUNTY
PUBLIC HEALTH DEPARTMENT
(530) 265-7049

IMMUNIZATION SCHEDULE
EFFECTIVE JAN 2018

Childhood Immunizations
GRASS VALLEY
Ages 0 through 18

Nevada County Public Health Dept.
500 Crown Point Circle, Grass Valley
2nd & 4th Thursdays monthly, 1-4 PM
(Except Holidays)
Appointments preferred, Walk-in ok

Adult Immunizations ONLY
GRASS VALLEY
Ages 19 and over

Nevada County Public Health Dept.
500 Crown Point Circle, Grass Valley
3rd Thursday monthly, 1-4 PM
(Except Holidays)
Appointments preferred, Walk-in ok

NORTH SAN JUAN - All Ages
Community Center 10:00 - 11:30 AM
Thursdays - July 19, 2018
and October 18, 2018
on the above dates only!

WASHINGTON - All Ages
Food Bank 10:00 - 11:30 AM
Wednesdays - August 1, 2018
and November 7, 2018
on the above dates only!

NEVADA COUNTY
PUBLIC HEALTH DEPARTMENT
(530) 265-7049

IMMUNIZATION SCHEDULE
EFFECTIVE JAN 2018

Childhood Immunizations
GRASS VALLEY
Ages 0 through 18

Nevada County Public Health Dept.
500 Crown Point Circle, Grass Valley
2nd & 4th Thursdays monthly, 1-4 PM
(Except Holidays)
Appointments preferred, Walk-in ok

Adult Immunizations ONLY
GRASS VALLEY
Ages 19 and over

Nevada County Public Health Dept.
500 Crown Point Circle, Grass Valley
3rd Thursday monthly, 1-4 PM
(Except Holidays)
Appointments preferred, Walk-in ok

NORTH SAN JUAN - All Ages
Community Center 10:00 - 11:30 AM
Thursdays - July 19, 2018
and October 18, 2018
on the above dates only!

WASHINGTON - All Ages
Food Bank 10:00 - 11:30 AM
Wednesdays - August 1, 2018
and November 7, 2018
on the above dates only!

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

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

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

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

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

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

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/ITd (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					
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.

Oral Health Assessment Form

California law (*Education Code Section 49452.8*) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

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)
_____ <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.