

# Fremont Unified School District

## Enrollment Application Form For Transitional Kindergarten – Grade 12

Student ID # \_\_\_\_\_

Home School \_\_\_\_\_

**PLEASE COMPLETE AND PRINT THIS FORM**

Grade \_\_\_\_\_ School Year \_\_\_\_\_ Home / Cell Number \_\_\_\_\_ Date \_\_\_\_\_

Student's Legal Name \_\_\_\_\_  Male  Female

Last First Middle

Student's Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

**Residence Verification:** Where is your child/family currently living?

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

**Child's Last School Attended:**

Name \_\_\_\_\_

City \_\_\_\_\_ Grade \_\_\_\_\_ Last day of School \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_

**Siblings in Fremont Schools:**

Name _____	Schools _____	Grade _____
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**Does your Child have a Medical Condition?**  Yes  No

**If YES, Please Specify** \_\_\_\_\_

**Do you need any assistance or resources for Health Care coverage?**  Yes  No

**Parents/Guardians Information:**

NAME: Last, First	Date of Birth	E-mail address	Home Phone#	Cell Phone#
Father/Guardian _____	_____	_____	_____	_____
Mother/Guardian _____	_____	_____	_____	_____
Emergency Contact (Other than parent) _____	Phone _____			
Relationship to student _____				

**Student Resides with** (Please check one)

- Both Parents  Father only  Mother only  Legal Guardian  
 Father/Stepmother  Mother/Stepfather  Foster Parent  Caregiver  
 Joint Custody  Yes  No  
 Is there a restraining order in effect?  Yes  No

**Parent Education Level:**

	Father	Mother
Graduate School (10)	<input type="checkbox"/>	<input type="checkbox"/>
College Graduate (11)	<input type="checkbox"/>	<input type="checkbox"/>
Some college/AA degree (12)	<input type="checkbox"/>	<input type="checkbox"/>
High School graduate (13)	<input type="checkbox"/>	<input type="checkbox"/>
Not a High School graduate (14)	<input type="checkbox"/>	<input type="checkbox"/>

**ETHNICITY:** Is the student Hispanic or Latino?  YES  NO

**RACE:**

Please check one or more boxes to indicate what you consider your race to be.

1. American Indian or Alaskan Native  
 2.  Asian-Chinese 01  Japanese 02  Korean 03  Vietnamese 04  
 Asian-Indian 05  Laotian 06  Cambodian 07  Other Asian 08  
 3. Pacific Islander  Hawaiian 01  Guamanian 02  Samoan 03  
 Tahitian 04  Other Pacific Islander 99  
 4. Filipino American  
 5. Black or African American  
 6. White

**School/District Mobility:**

- Has your child ever attended or registered at an FUSD school before?  Yes  No  
 When did student first attend FUSD school? \_\_\_\_\_ Grade \_\_\_\_\_  
 If student withdrew from U.S. schools, what is the most recent date of re-entry to U.S. schools (K-12) \_\_\_\_\_  
 Has your child ever been retained?  Yes  No, If yes, what grade? \_\_\_\_\_  
 Has your child ever been given the CELDT Test? (California English Language Development Test)  Yes  No  
 Is your child currently receiving any services?  None  Special Education (IEP)  504 Plan  Gifted/GATE  Other (Specify) \_\_\_\_\_  
 Are you currently enrolled in the Migrant Education Program?  
 Yes  No

**Per California Education Code 49079**

- Is your child currently expelled or pending expulsion from any school?  Yes  No If Yes, name of school and district \_\_\_\_\_  
 Has your child ever been suspended from any school?  Yes  No If Yes, name of school and district \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Application Verified by :

Date & Time :

For School use only	Proof Of Birth	Proof of Residence	Immunizations	Health Requirements TK/Kinder/First	Entry Reason
	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> DR <input type="checkbox"/> MKV	<input type="checkbox"/> Yellow Card <input type="checkbox"/> Dr.Report <input type="checkbox"/> County Record <input type="checkbox"/> Other	<input type="checkbox"/> Physical <input type="checkbox"/> Dental <input type="checkbox"/> Waiver	<input type="checkbox"/> New <input type="checkbox"/> OV <input type="checkbox"/> Return



**Fremont Unified School District  
Student Support Services  
HOME LANGUAGE SURVEY  
ENCUESTA DE LENGUAJE DEL HOGAR**

School Year \_\_\_\_\_

Today's Date/Fecha de hoy \_\_\_\_\_

FUSD Student Number \_\_\_\_\_

**PLEASE COMPLETE FORM AND WRITE FIRMLY IN PEN  
COMPLETE EL FORMULARIO CON PLUMA USANDO PRESIÓN**

\_\_\_\_\_  
Last Name of Student  
Apellido del Alumno

\_\_\_\_\_  
First Name of Student  
Nombre del Alumno

M  F  
Gender/Género

\_\_\_\_\_  
Date of Birth/Fecha de nacimiento  
Month/Day/Year/mes/día/año

\_\_\_\_\_  
Cell or Work Phone/Teléfono del trabajo o celular

\_\_\_\_\_  
Home Phone/Teléfono del hogar

\_\_\_\_\_  
Student's Country of Birth/País natal del estudiante

\_\_\_\_\_  
New School in Fremont/  
Escuela nueva en Fremont

\_\_\_\_\_  
Start Grade at the New School in Fremont/  
Primer grado en la escuela nueva en Fremont

\_\_\_\_\_  
First Day at the New School in Fremont/  
Primer día en la escuela nueva en Fremont

Previous School/ Escuela Anterior	City, State, Country/Ciudad, Estado, País	Grade(s) Completed/Grado(s) que terminó	When/Cuándo	
Has the student ever attended K-12 school in USA? _____ ¿Ha asistido el estudiante alguna vez a una escuela (K-12) en E.E.U.U.?	Names of CA public schools attended Nombre de las escuelas públicas en CA que asistió	City Ciudad	School Year Año Escolar	Grade Grado
_____ When (start date)?/¿Cuándo (fecha que entró)?	_____	_____	_____	_____
Has the student ever attended K-12 public school in CA? _____ ¿Ha asistido el estudiante alguna vez a una escuela pública (K-12) en CA?	_____	_____	_____	_____

- The California Education Code 306a requires schools to determine the language/s spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer all of the following questions. Thank you for your help.

- El Código de Educación de California requiere que las escuelas determinen el idioma que se habla en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan proporcionar instrucción significativa a todos los estudiantes. Le pedimos su cooperación en ayudarnos a cumplir con este requisito importante. Por favor conteste a todas las siguientes preguntas. Gracias por su ayuda.

1. What language did your son/daughter learn when he/she first began to talk?  
¿Cuál idioma aprendió primero cuando su hijo/a empezó a hablar? \_\_\_\_\_
2. What language does your son/daughter most frequently use at home?  
¿Cuál idioma usa su hijo/a mas frecuente cuando conversa en la casa? \_\_\_\_\_
3. What language do you use most frequently to speak with your son/daughter?  
¿Cuál idioma usa Ud. con más frecuencia cuando habla con su hijo/a? \_\_\_\_\_
4. What is the language most often spoken by the adults at home?  
¿Cuál idioma hablan los adultos con más frecuencia en la casa? \_\_\_\_\_

NOTE: When you indicate a language other than English, we are legally required to test your child's English language proficiency (California Education Code 306a). You will be notified of the results of that test.

AVISO: Cuando se indique un idioma además del inglés, la ley requiere que evaluemos la habilidad en inglés de su hijo/a. Se le informará a Ud. de los resultados de la evaluación.

California State Department of Education (OPER-LS 77R-6/78)

\_\_\_\_\_  
Signature of Parent / Guardian  
Firma de los padres / Guardianes

(English/Spanish)

**Fremont Unified School District**

**HOMEOWNER'S STATEMENT OF RESIDENCY**

I am aware that California Education Code and District Governing Board Policy on attendance area require a student to be enrolled in, and attend, the school that is within the district where the parent/s reside/s as well as the attendance area in which the student's parent/s reside/s when space is available.

I, \_\_\_\_\_, certify that my student, \_\_\_\_\_, resides with me  
(Name of Parent/Guardian) (Name of Student)  
(sleeps a minimum of five (5) school nights a week per Board Policy 5111.1) on \_\_\_\_\_ at this address  
(Today's Date)  
\_\_\_\_\_ which lies within the boundaries of the Fremont Unified School District.  
(Property Address)

Further, I understand it is considered falsification if I move from the above address and fail to notify the District within five days. Should this statement be found to be false, I am liable for the expense of educating my student at an approximate cost of \$6,000 per school year, my student will be dropped from enrollment and be required to transfer to his/her resident school. It is my responsibility to notify the school registrar/secretary **within five school days** should I or my student move from this address.

In accord with State Compliance, I have attached two items listed below as required documentation of residency for enrollment for the 2015/2016 school year. (\*Current documents within 30 days)

- Current property tax statement, current mortgage statement or final close of escrow statement **And**
- Utility start of service contract/confirmation of service, statement, or payment receipt\*
- Pay stub\*
- Correspondence from a government agency\*
- Voter registration

***I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the student named above lives in my home and I am 18 years of age or older. I understand that if the student is not living full-time within the District's boundaries or if the student's arrangements do not agree with the information provided above, the student will NOT be allowed to attend schools in the Fremont Unified School District.***

\_\_\_\_\_  
Date Parent/Guardian Signature  
\_\_\_\_\_  
Street Address (include number, street name, state, zip) Home Phone Business Phone

**For school use only:**  
Proof of residence verified on \_\_\_\_\_ by \_\_\_\_\_  
Today's Date District Administrator or Designee

**ENROLLMENT STATUS**

- At the present time, we are able to accommodate your student at his/her school of residence in his/her attendance area. We do not anticipate any change in your student's school. However, you will be notified if we need to transfer your student.
- At the present time, we are tentatively able to accommodate your student at his/her school of residence in his/her attendance area. We may be able to provide space for your student in the fall because we have overloaded students at another school who are not returning at this time in the school year. These students have attendance seniority rights over your student in the fall. We will notify you of any change in your student's placement status as soon as fall enrollment is confirmed.
- At the present time, your school of residence in your attendance area is filled. Your student will be placed in a school, which can accommodate him/her. Depending on the distance to the school your student is assigned to, transportation MAY be available. Students are returned to the resident school in their attendance area, as openings become available by grade level and date of registration. Your registration date is stated on this form. Should you choose not to return your student to his/her resident school in his/her attendance area this year, his/her place on the seniority list will be held until the first day of school next year. However, other students who may subsequently have accepted the opening will not be removed to accommodate your student next year. Failure to return on the first day will result in the loss of seniority status at the school of residence in your attendance area. All students are expected to return to their home school of residence in the fall, if space is available.

***PLEASE SIGN BELOW TO INDICATE THAT YOU FULLY UNDERSTAND YOUR STUDENT'S ENROLLMENT STATUS AND THIS PROCEDURE REGARDING ENROLLMENT.***

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**Fremont Unified School District**  
**RENTER'S STATEMENT OF RESIDENCY**

I am aware that California Education Code and District Governing Board Policy on attendance area require a student to be enrolled in, and attend, the school that is within the district where the parent/s reside/s, as well as the attendance area in which the student's parent/s reside/s when space is available.

I, \_\_\_\_\_, certify that my student, \_\_\_\_\_, resides with me  
*(Name of Parent/Guardian)* *(Name of Student)*  
(sleeps a minimum of five (5) school nights a week per Board Policy 5111.1) on \_\_\_\_\_ at this address  
*(Today's Date)*  
\_\_\_\_\_ which lies within the boundaries of the Fremont Unified School District.  
*(Property Address)*

Further, I understand it is considered falsification if I move from the above address and fail to notify the District within five days. Should this statement be found to be false, I am liable for the expense of educating my student at an approximate cost of \$6,000 per school year, and my student will be dropped from enrollment and be required to transfer to his/her resident school. It is my responsibility to notify the school registrar/secretary **within five school days** should I or my student move from this address.

In accord with State Compliance, I have attached two items listed below as required documentation of residency for enrollment for the 2015/2016 school year. (\*Current documents within 30 days)

- Current rental property contract, lease, or payment receipt **AND**
- Utility start of service contract/confirmation of service, statement, or payment receipt\*
- Pay stub\*
- Correspondence from a government agency\*
- Voter registration

***I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the student named above lives in the rented residence, and I am 18 years of age or older. I understand that if the student is not living full-time within the District's boundaries or if the student's arrangements do not agree with the information provided above, the student will NOT be allowed to attend schools in the Fremont Unified School District.***

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Street Address (include number, street name, state, zip)*

\_\_\_\_\_  
*Home Phone* / *Cell Phone*

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**Owner/Landlord**

I, \_\_\_\_\_, Owner/Landlord of the described property above, certify that the parent and student, as stated, are residing (sleeping a minimum of five school nights a week) at the property address below \_\_\_\_\_ which lies within the boundaries of the Fremont Unified School District.

- Rent does / does not include PG&E.                       Rent does / does not include water.

I am aware of the Education Code and District Policy on attendance and understand that the District is requesting that I notify the school of attendance at \_\_\_\_\_ immediately should the parent and student move from this address.

*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the student and his/her family named above live in my home and I am 18 years of age or older. I understand that if the student is not living full-time within the District's boundaries or if the student's arrangements do not agree with the information provided above, the student will NOT be allowed to attend schools in the Fremont Unified School District.*

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Date    Signature of Property Owner/Landlord    Phone No.

**For school use only:**

Address and proof of residence verified on \_\_\_\_\_ by \_\_\_\_\_.  
Today's Date    District Administrator or Designee

**ENROLLMENT STATUS**

- At the present time, we are able to accommodate your child at his/her school of residence in his/her attendance area. We do not anticipate any change in your child's school. However, you will be notified if we need to transfer your child.
- At the present time, we are tentatively able to accommodate your child at his/her school of residence in his/her attendance area. We may be able to provide space for your child in the fall because we have overloaded students at another school who are not returning at this time in the school year. These students have attendance seniority rights over your child in the fall. We will notify you of any change in your child's placement status as soon as fall enrollment is confirmed.
- At the present time, your school of residence in your attendance area is filled. Your child will be placed in a school, which can accommodate him/her. Depending on the distance to the school your child is assigned to, transportation MAY be available. Students are returned to the resident school in their attendance area, as openings become available by grade level and date of registration. Your registration date is stated on this form. Should you choose not to return your child to his/her resident school in his/her attendance area this year, his/her place on the seniority list will be held until the first day of school next year. However, other students who may subsequently have accepted the opening will not be removed to accommodate your student next year. Failure to return on the first day will result in the loss of seniority status at the school of residence in your attendance area. All students are expected to return to their home school of residence in their attendance area in the fall, if space is available.

PLEASE SIGN BELOW TO INDICATE THAT YOU FULLY UNDERSTAND YOUR CHILD'S ENROLLMENT STATUS AND THIS PROCEDURE REGARDING ENROLLMENT.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

## 2015-2016 FUSD HEALTH HISTORY EXAM (HHE) SHEET INSTRUCTIONS

Please take this Health History Exam (HHE) Sheet to your student's next physical appointment **on, or after March 1, 2015.**\*

Please read and complete the attached **Health History Exam Sheet** as follows:

- Fill-in Student's Name, Date of Birth, Current Age, Current Grade, and Sex.
- Leave School line blank.
- Select **Yes** or **No** for Special Education services and circle the type of service required.
- Select **Yes** or **No** for 504 Plan.

### **Section A – Current Health Status:**

- Review each of the health conditions listed, and check all that apply to your student.
- For any health condition checked, provide a further explanation on the line provided.
- If student is currently under a Physician's care for any health condition(s), check **Yes** and identify the condition(s) on the line provided. Check **No** if student is only being seen for general and routine care and annual physicals.
- Medication – Please list the name and dosage of any medication(s) that student is currently taking.
- Surgeries or Accidents – Please list any surgeries and accidents that student has had.
- Read **Authorization of Parent/Guardian**. Sign and Date on the lines provided.
- Fill-In Physician's Name and Phone number.

**Section B – Physical Examination:** This section to be completed by the student's Physician.

**PLEASE NOTE:** The State of California requires that all Kindergarten Students (first grade if the first year in public school) must complete a physical and dental examination. Documentation of the physical examination must be completed after March 1, 2015 during the Kindergarten school year.

*\*If Student has had a physical prior to March 1, 2015, an additional HHE Sheet will be provided at time of enrollment to be completed and submitted to the school site anytime during their Kindergarten year, after the student's next regularly scheduled physical appointment.*

Fremont Unified School District
HEALTH HISTORY EXAM

Student's Name (Last, First) School

Date of Birth Age Grade Sex Male Female

Special Education No Yes (ED / LH / RSP / SDC / SLD) 504 Plan No Yes

Section A - Current Health Status To be completed by the parent/guardian:

- Allergies Asthma Convulsive Disorder/Seizures
Diabetes Headaches/Migraines Heart Condition
Vision (wears glasses/contacts) Hearing Difficulties/Infections Speech Difficulties (lisp, stutter)
Weight Problems Special or Poor Eating Habits Diet or Nutritional Problems
Frequent Colds or Sore Throats Pains in Extremities or Joints Physical Handicap (please describe below)

Further explanation of any items listed above:

Is the student currently under a physician's care: No Yes For what condition/s?

Medication - Please list the name and dosage of all medications your student is taking:

Surgeries or accidents: (i.e. eye/ear surgery, fractures, head injuries, etc.)

AUTHORIZATION OF PARENT/GUARDIAN: I hereby authorize permission for Fremont Unified School District staff to communicate with my student's health care provider and understand that health information may be shared with staff as needed. Signature of Parent/Guardian Date

Physician's Name: Phone Number

Section B - Physical Examination To be completed by the student's physician:

Significant findings - Please consider dental conditions, EENT, heart, lungs, abdomen, neurological reflexes, behavior and emotional adjustments:

Significant diagnostic evaluations, observations, recommendations (Special Education services are available to students with handicapping conditions or special needs):

Recommendations for physical activity care: Unrestricted Restricted Athletic Participation

Medication - Name and dosage:

Section C - Immunization History Attach a copy of the California School Immunization Record or immunizations from other sources:

TB Test Results Date Chest X-Ray Date

Hearing: Right Left Vision: Right Left

TDAP Booster - Mandatory for 7th grade and above Date Given Blood Pressure

Hematocrit or Hemoglobin

Urinalysis

Medical Care: Is this child currently under your care? No Yes

For how long?

Other medical specialists involved:

In my opinion, it would be beneficial to discuss this further and request the school nurse to contact me. No Yes Initials

HEALTHCARE PROVIDER'S STAMP
Physician's Signature Date

January 2015



**FREMONT  
UNIFIED SCHOOL  
DISTRICT**

**BOARD OF EDUCATION**

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(510) 659-2583

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*Assistant Superintendent,  
Human Resources*  
(510) 659-2556

4210 Technology Drive  
P.O. Box 5008  
Fremont, California  
94537-5008  
(510) 657-2350

<http://www.fremont.k12.ca.us>

Dear Parent/Legal Guardian:

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

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

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

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

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

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

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

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

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

If you have questions about the new oral health assessment requirement, please contact your home school or school nurse.

Sincerely,

James Morris, Ed.D.  
District Superintendent



### Oral Health Assessment Form

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

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

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

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

**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.

**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.*