

# 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

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?

- ☐ In a single family permanent residence (house, apartment, condo, mobile home) ☐ In a hotel/motel  
☐ Doubled-up (sharing housing with other family/individuals due to economic hardship or loss) ☐ In a shelter  
☐ Other (please specify) \_\_\_\_\_

#### Child's Last School Attended:

Name \_\_\_\_\_

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

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

#### Siblings in Fremont Schools:

Name \_\_\_\_\_ Schools \_\_\_\_\_ Grade \_\_\_\_\_

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  
☐ 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 \_\_\_\_\_

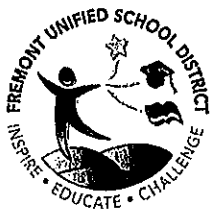
Parent/Guardian Signature \_\_\_\_\_

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"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Yellow Card <input type="checkbox"/> Dr. Report	<input type="checkbox"/> Physical <input type="checkbox"/> Dental <input type="checkbox"/> Waiver	<input type="checkbox"/> New <input type="checkbox"/> OV
	<input type="checkbox"/> Passport <input type="checkbox"/> Others	<input type="checkbox"/> DR <input type="checkbox"/> MKV	<input type="checkbox"/> County Record <input type="checkbox"/> Other		<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
When (start date)?/¿Cuándo (fecha que entró)?				Grade Grado
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
- 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
- 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

**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: \_\_\_\_\_

# 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:*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allergies                       | <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Convulsive Disorder/Seizures              |
| <input type="checkbox"/> Diabetes                        | <input type="checkbox"/> Headaches/Migraines             | <input type="checkbox"/> Heart Condition                           |
| <input type="checkbox"/> Vision (wears glasses/contacts) | <input type="checkbox"/> Hearing Difficulties/Infections | <input type="checkbox"/> Speech Difficulties (lisp, stutter)       |
| <input type="checkbox"/> Weight Problems                 | <input type="checkbox"/> Special or Poor Eating Habits   | <input type="checkbox"/> Diet or Nutritional Problems              |
| <input type="checkbox"/> Frequent Colds or Sore Throats  | <input type="checkbox"/> Pains in Extremities or Joints  | <input type="checkbox"/> 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 7<sup>th</sup> 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**

**Lara Calvert-York**

**Desrie Campbell**

**Ann Crosbie**

**Lily Mei**

**Larry Sweeney**

**James Morris, Ed.D.**

*Superintendent*

(510) 659-2542

**Raul A. Parungao**

*Associate Superintendent*

(510) 659-2572

**Kim Wallace, Ed.D.**

*Assistant Superintendent,*

*Instruction*

(510) 659-2583

**Raúl M. Zamora, Ed.D.**

*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)
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ <b>Licensed Dental Professional Signature</b></div> <div>_____ <b>CA License Number</b></div> <div>_____ <b>Date</b></div> </div>			

### 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.*