

FOR OFFICE USE ONLY

School: _____ Start Date: _____ Teacher: _____
 INTERdistrict ☐ Yes ☐ No INTRAdistrict: ☐ Yes ☐ No GATE ☐ Yes ☐ No
 DOB Verified: _____ Migrant Card _____ Date: _____
 Immunizations: ☐ Complete ☐ Incomplete ☐ Exempt
 Verified By: _____ Date: _____ Student ID# _____

**K-8 Student Registration Form**

				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Student Legal Last Name	Legal First	Legal Middle	Grade	
Date of Birth	Birth Place	Birth State	Birth Country	

Has this student:

Attended Fallbrook schools before? ☐ Yes ☐ No Been retained? ☐ Yes ☐ No If yes, grade? _____
 Attended Preschool? ☐ Yes ☐ No If yes, When? _____ Where? _____
 Attended a California Public School? ☐ Yes ☐ No If yes Where? _____

Ever received Special Education Services? ☐ Yes ☐ No

Ever received 504 accommodations? ☐ Yes ☐ No

Ever been qualified for GATE? ☐ Yes ☐ No

Ever been placed on a SARB Contract? ☐ Yes ☐ No

Ever been previously suspended and/or expelled or is he/she currently recommended for expulsion? ☐ Yes ☐ No

What date did this student first enter a U.S. School?

(MM/DD/YYYY) _____

Does anyone in your household work, or has anyone ever worked in seasonal or temporary work related to agriculture (such as field work), food processing (canneries or packing houses), fishing, lumbering or dairy work in the last three years?
☐ Yes ☐ No

In what language would you like to receive school communications? ☐ English ☐ Spanish

As mandated by federal and state law, please answer the following questions to identify this student's ethnicity and race. This information will only be used for reporting total counts of students and will not be released in a personally-identifiable form

Is this student's ethnicity Hispanic or Latino? ☐ Yes ☐ No

Please mark one or more of the following boxes to indicate the student's race.

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian-Chinese | <input type="checkbox"/> Asian-Japanese |
| <input type="checkbox"/> Asian-Korean | <input type="checkbox"/> Asian-Vietnamese | <input type="checkbox"/> Asian-Indian |
| <input type="checkbox"/> Asian-Laotian | <input type="checkbox"/> Asian-Cambodian | <input type="checkbox"/> Asian-Hmong |
| <input type="checkbox"/> Asian-Other | <input type="checkbox"/> Pacific Islander-Hawaiian | <input type="checkbox"/> Pacific Islander-Guamanian |
| <input type="checkbox"/> Pacific Islander-Samoan | <input type="checkbox"/> Pacific Islander-Tahitian | <input type="checkbox"/> Pacific Islander-Other |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Black | <input type="checkbox"/> White (includes Hispanic) |

Primary Address

Home Address (Street) _____ City _____ State _____ Zip Code _____

Primary Phone Number: (_____) _____

Residence Information (federally mandated by NCLB) – where is your child currently living?

- | | |
|--|--|
| <input type="checkbox"/> Single Family Permanent Housing | <input type="checkbox"/> Doubled-up (temporarily sharing housing due to economic hardship or loss) |
| <input type="checkbox"/> Motel/Hotel | <input type="checkbox"/> Unsheltered (car/campsite) |
| <input type="checkbox"/> Foster Home | <input type="checkbox"/> Shelter/Transitional Housing Program |
| <input type="checkbox"/> Other (please specify) _____ | |

	<input type="checkbox"/> Public
Name of Last School Attended: _____	<input type="checkbox"/> Private
Address: _____	
Street	City
Zip	
Phone Number	Fax:

Parent/Guardian Information

Parent/Legal Guardian #1

Relationship	Full Name	Home Phone	Work Phone
Cell phone	Text messages OK? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email	
Mailing Address: _____			
Parent Education Level: <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate/Post Grad Training <input type="checkbox"/> Decline to state/Unknown			
Parent contact allowed: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Mailings allowed			
Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Branch _____	Rank: _____	
	Bldg. # _____	Duty Station _____	
Non- Military - Employed on Military Base? <input type="checkbox"/> Yes <input type="checkbox"/> No Employed on Federal Indian Land <input type="checkbox"/> Yes <input type="checkbox"/> No			

Parent/Legal Guardian #2

Relationship	Full Name	Home Phone	Work Phone
Cell phone	Text messages OK? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email	
Mailing Address: _____			
Parent Education Level: <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate/Post Grad Training <input type="checkbox"/> Decline to state/Unknown			
Parent contact allowed: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Mailings allowed			
Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Branch _____	Rank: _____	
	Bldg. # _____	Duty Station _____	
Non Military - Employed on Military Base? <input type="checkbox"/> Yes <input type="checkbox"/> No Employed on Federal Indian Land <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please list **three** persons in the **local area**, in addition to parents/guardians, to call if parent cannot be reached, or who can transport child home for medical help in an emergency. Your child will be **RELEASED ONLY TO PERSONS ON THIS LIST.**

1.	_____	_____	_____	_____
	Child Care Provider-Responsible Person	Relationship	Address	Phone
2.	_____	_____	_____	_____
	Child Care Provider-Responsible Person	Relationship	Address	Phone
3.	_____	_____	_____	_____
	Child Care Provider-Responsible Person	Relationship	Address	Phone

IN THE CASE OF ILLNESS OR INJURY PARENT / LEGAL GUARDIAN WILL BE CONTACTED UNLESS CHECKED BELOW.

___ Please **DO NOT** contact parent/guardian at work.

In case of a disaster, your child will be held in the safety of the school, unless emergency evacuation is necessary. In that case, your child will be sent home as usual. In the event the parent or your physician cannot be reached, school district personnel are authorized to use their judgment to secure medical aid. ☐ Yes ☐ No

Other Children in the Home (First & Last Name)

Name _____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary	DOB _____
Name _____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary	DOB _____
Name _____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary	DOB _____
Name _____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary	DOB _____
Name _____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary	DOB _____

By law, if parents are legally separated or divorced, each parent has legal rights to custody of the child/children **UNLESS** a parent has a court order that indicated they have **sole legal custody** of the child/children.

The school **MUST HAVE A COPY OF THE COURT ORDER** on file, otherwise, either parent may check the child out of school with proper identification.

I have read above statement of the law and certify that all information on this form is true and correct.

_____	_____
Parent/Guardian Signature	Date



Fallbrook Union
Elementary School District

Parent/Guardian Information

Parent/Legal Guardian #1

Relationship	Full Name	Home Phone	Work Phone
Text messages OK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Cell phone	Email		
Mailing Address:			
Parent Education Level:			
<input type="checkbox"/> Not a High School Graduate		<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Some College
<input type="checkbox"/> College Graduate		<input type="checkbox"/> Graduate/Post Grad Training	<input type="checkbox"/> Decline to state/Unknown
Parent contact allowed:			
<input type="checkbox"/> Contact Allowed		<input type="checkbox"/> Educational Rights	<input type="checkbox"/> Has Custody
<input type="checkbox"/> Lives with		<input type="checkbox"/> Mailings allowed	
Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	Branch	Rank:
		Bldg. #	Duty Station

Parent/Legal Guardian #2

Relationship	Full Name	Home Phone	Work Phone
Text messages OK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Cell phone	Email		
Mailing Address:			
Parent Education Level:			
<input type="checkbox"/> Not a High School Graduate		<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Some College
<input type="checkbox"/> College Graduate		<input type="checkbox"/> Graduate/Post Grad Training	<input type="checkbox"/> Decline to state/Unknown
Parent contact allowed:			
<input type="checkbox"/> Contact Allowed		<input type="checkbox"/> Educational Rights	<input type="checkbox"/> Has Custody
<input type="checkbox"/> Lives with		<input type="checkbox"/> Mailings allowed	
Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	Branch	Rank:
		Bldg. #	Duty Station

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I have read above statement of the law and certify that all information on this form is true and correct.

Parent/Guardian Signature

Date



HOME LANGUAGE SURVEY

Note to Parents/Legal Guardians:

We value a student's ability to speak a language other than English and we encourage him/her to maintain these language skills. However, if a student has difficulty understanding, speaking, reading, or writing the English language, it is our responsibility to improve the academic support needed to improve his/her English skills. Therefore, all students enrolled in our school district must have their parent(s) or guardian(s) complete and sign this form. The identification of language and academic needs is important, because it becomes the basis for the development of an appropriate instructional program. Your cooperation in helping us meet the requirement is appreciated. Thank you!

Please complete:

Student's Name:	Grade:
School:	Prior School (State/County)
Your relationship to student:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) _____	

According to California Education Code (Ed. Code 52164.1[a]) the following four questions will be used to determine the language(s) spoken at home by each student.

Directions: Please check a response for each of the following questions and indicate other languages if applicable.

- | | English | Spanish | Other Languages(s) |
|---|--------------------------|--------------------------|--------------------|
| 1. What language did your child learn when he/she first began to speak? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. What language does your child most frequently use at home? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. What language do you use most frequently to speak to your child? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. What language do the adults at home most often speak? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Optional Questions: The following supplemental questions will be used to assist staff in supporting the instructional needs of students.

- | | Yes | No | Language(s) |
|--|--------------------------|--------------------------|-------------|
| 5. Does your child understand a language other than English? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Does your child speak a language other than English? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. Can your child read or write in a language other than English? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. Can an adult family member or extended family member in the home speak a language other than English? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Can an adult family member or extended family member in the home read a language other than English? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

California Education Code (Ed. Code 52164.1[a]) requires schools to determine the language(s) spoken at home by each student. A language proficiency assessment is required if student's home language is other than English. This information is essential in order for schools to provide meaningful instruction for all students. According to federal and state laws, students who are not proficient enough to be in a mainstream all-English program must receive specialized language instruction. The goal of this instruction is to help students learn the English language skills they need to succeed socially and academically in a mainstream classroom.

Parent/Legal Guardian

Date

(Rev.3/13)

ID# _____
For office use only.

[School Site] Nurse
[Phone Number]

FALLBROOK UNION ELEMENTARY SCHOOL DISTRICT
Health History - Student Annual Update

School Year
2020-21

Student Name: _____ Gender: _____

Teacher: _____ Grade: _____ Birthdate: _____

Father's Name/Legal Guardian: _____ Home Phone: _____ Work Phone: _____

Mother's Name/Legal Guardian: _____ Home Phone: _____ Work Phone: _____

***MUST CONTACT SCHOOL NURSE – ADDITIONAL FORMS NEEDED FOR SCHOOL.**

MEDICAL HISTORY	YES	NO	NOTES/EXPLANATION
Asthma			Inhaler Prescribed? <input type="checkbox"/> No <input type="checkbox"/> Yes*
Epilepsy/Seizures			Diastat Prescribed? <input type="checkbox"/> No* <input type="checkbox"/> Yes* Date of Last Seizure: _____
Severe Allergy			EpiPen/Medication Prescribed? <input type="checkbox"/> No <input type="checkbox"/> Yes* (Please Explain Below) If Yes, When was the EpiPen last used? _____
Food Allergy			EpiPen/Medication Prescribed? <input type="checkbox"/> No <input type="checkbox"/> Yes* (Please Explain Below) If Yes, When was the EpiPen last used? _____
Seasonal Allergies			Medication Required at school? <input type="checkbox"/> No <input type="checkbox"/> Yes* (Please Explain Below)
Diabetes			Medication Prescribed? <input type="checkbox"/> No* <input type="checkbox"/> Yes* (Please explain Below)
Medication Taken at Home?			Name of Medication: _____
Eye Problems/Glasses			Wears Glasses? <input type="checkbox"/> No <input type="checkbox"/> Yes Date of Last Eye Exam: _____
History of Recent or Serious Injury/Operation?			
Digestive Disorder			
Endocrine Disorder			
Hearing Problems			
Speech Disorder			
Urinary/Kidney Problems			
Heart/Blood Condition			
Orthopedic Problems			
Emotional Concerns			
ADD/ADHD			
Other:			

Known Allergies (Please describe trigger & allergic reaction): _____

Medications Needed at School* (Name, Time, Dose & Reason, Doctor's Note Required): _____

Any P.E. Restrictions? (Doctor's Note Required): _____

Are there any problems you would like to discuss with the school nurse? _____

Physician/Doctor: _____ Phone: _____

I hereby certify that the health history of this child is correct to the best of my knowledge and agree to the disclosure of my child's health information between FUESD and external health care professionals.

Signature of Parent/Guardian
C:\Users\rcalderon\Desktop\Health History.doc

Date



Print Student's Last Name, _____ Grade _____
First Name _____

NOTICE OF COMPULSORY EDUCATION LAW

Students must be in school to take advantage of the educational opportunities available to them.

Education Code Section 48200 provides:

"Each person between the ages of 6 and 18 years...is subject to compulsory full-time education. Each person subject to compulsory full-time education and each person subject to compulsory continuation education...shall attend the public full-time day school...for the full time designated as the length of the school day...and each parent, guardian, or other person having control or charge of such pupil shall send the pupil to the public full-time day school...for the full time designated as the length of the school day."

Education Code Section 48260 provides:

"Any pupil subject to compulsory full-time education or to compulsory continuation education who is absent from school without a valid excuse more than three days or tardy in excess of 30 minutes on each of more than three days in on school year is truant..."

We believe a good attendance record has a direct correlation to higher student achievement. Please assist us in providing your child a quality education by making sure your children are at school every day, on time.

WE HAVE READ AND REVIEWED THE COMPULSORY EDUCATION LAW.

Student Signature _____ Date _____

Parent Signature _____ Date _____



Fallbrook Union Elementary School District

321 N. Iowa Street

Fallbrook, CA 92028-2108

760.731.5400

www.fuesd.org

Candace Singh, Ed.D.
Superintendent

Dear Parent or Guardian:

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, requires that your child have an oral health assessment (dental check-up) by May 1st in either kindergarten or first grade, whichever is his or her first year in public school. Dental assessments completed up to 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 dental health professional.

Please take the attached Oral Health Assessment/Waiver Request form to the dental office to be filled out.

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

1. For help in enrolling in either Medi-Cal/Denti-Cal or Healthy Families you may call the San Diego Maternal, Child and Family Health Services toll free help line at 1-800-675-2229. Listen for the SD-KHAN option.
2. For additional resources to find a provider:
 - a. San Diego Kids Health Assurance Network at 1-800-675-2229; <http://www.co.san-diego.ca.us/sdkhan/>
 - b. 2-1-1 San Diego ((If you are unable to reach 2-1-1 from your cell phone or you are calling from outside San Diego County, call (858) 300-1211)
 - c. San Diego Dental Society 619-275-0244
 - d. Contact your school health office
3. Medi-Cal/Denti-Cal's toll-free number or web site can help you find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>
4. Healthy Families' toll free number or web site can help you find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305; <http://www.healthyfamilies.ca.gov/hfhome.asp>

For good dental health:

- 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.

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat, 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.

If you have questions about the oral health assessment requirement, please contact Kathy O'Brien at (760) 695-9762 or Katherine McNeil at (760) 695-9763.

*If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form.

Sincerely,

Candace Singh
Superintendent

Governing Board

Maurice F. Bernier, Ed.D.

Patty de Jong

Lisa Masten

Patrick Rusnell

Siegrid Stillman



Fallbrook Union Elementary
School District

Registration Packet Checklist

SCHOOL SITE: _____ SCHOOL YEAR: _____

Return this registration packet, along with the required documents listed below to our school office.

STUDENT Name: _____ GRADE: _____ DOB: _____

PARENT EMAIL ADDRESS: _____ Mom ☐ Dad ☐ Other ☐ _____

REQUIRED DOCUMENTS

_____ **Copy of Birth Certificate, Passport or Baptismal Certificate** (*Souvenir birth announcements from the hospital and Notice Registration of Birth are not considered legal documents for registration*)

_____ **One proof of Current Address- PO Box not accepted. We can only accept the following items:**

Property Tax payment receipt, Rental Property contract, lease, or payment receipt, Utility service contract, statement, or payment receipt, Pay Stub, Voter Registration, Correspondence from a Government Agency, Declaration of residency executed by the student's parent/guardian.

_____ **Copy of Original Immunization Record** (Required immunizations are listed below)

___ Polio...4 doses

___ DTP/DtaP...5 doses

___ MMR...2 doses

___ Hep B...3 doses

___ TDAP Booster (*after 7th birthday*)

___ Varicella...1 dose (*2nd dose after 13th birthday*)

_____ **K-1st Grade Health Physical Form (CHDP) – ONLY APPLIES TO K- 1.**

_____ **Oral Health Assessment- ONLY APPLIES TO Kindergarten.**

THE FOLLOWING FORMS MUST BE COMPLETED FOR REGISTRATION:

_____ **K-8 Student Registration Form** (All 3 pages)

_____ **Parent Authorization for Release of Records Form**

_____ **Transcripts** (*middle school only*)

_____ **Home Language Survey**

_____ **Health History Form**

_____ **Notice of Compulsory Education Law**

Office Use Only

Date Received: _____

Enter Date: _____

Teacher: _____

IC: _____

Oral Health Assessment Form

Keep this form with your child's immunization record (yellow card)

California law (Education Code Section 49452.8) states that 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/her scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up within 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:	Child's Last Name:	Middle Initial:	Child's Date of Birth:
Address:		City:	Zip Code:
School Name:	Teacher:	Grade:	Child's Sex (select one): <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's Race/Ethnicity (select one): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> More than one race <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____		

Section 2: Oral Health Information (Filled out by California licensed dental professional)

IMPORTANT NOTE: Consider each box separately – mark the appropriate field in **each** box.

Assessment Date:	Caries Experience/ Fillings present (select one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible decay present (select one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment urgency (select one): <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)
Licensed Dental Professional Signature:	CA License Number:	Date:	
Provider/Clinic Name:	Phone:	Fax:	

Section 3: Waiver of Oral Health Assessment Requirement (Filled out by parent or guardian asking to be excused from this requirement)

Please excuse my child from the dental check-up because (select one 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 (select one): ☐ Medi-Cal/Denti-Cal ☐ Other ☐ None

☐ I cannot afford a dental check-up for my child.

☐ I do not want my child to receive a dental check-up.

☐ Other reason (specify): _____

Please sign if asking to be excused from the oral health assessment requirement: _____

Signature _____ Date _____

The law states that school 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 any questions, please contact your school office.

Return this form to school by May 31 of your child's first school year.

Original to be kept in child's school record.

County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services
For more information, please call (619) 692-8808



LIVE WELL
SAN DIEGO

Child Health and Disability Prevention Program
MCFHS/OHA/ES 01/2015

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

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

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

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

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

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

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	___/___/___
Physical Examination	___/___/___
Dental Assessment	___/___/___
Nutritional Assessment	___/___/___
Developmental Assessment	___/___/___
Vision Screening	___/___/___
Audiometric (hearing) Screening	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
Blood Test (for anemia)	___/___/___
Urine Test	___/___/___
Blood Lead Test	___/___/___
Other	___/___/___

IMMUNIZATION RECORD

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

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DiAP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

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)

and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

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 (PIM 171 B) found at your child's school.

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.



Fallbrook Union
Elementary School District

RESIDENCY AFFIDAVIT

I, _____ declare as follows:

1. I am the parent/legal guardian of _____ born
on _____, in the city of _____,
state of _____, who is of school age and is seeking admission to the
Fallbrook Union Elementary School District.

2. Since _____, our family (*please circle*) has / has not had a
permanent home. We have been residing within the Fallbrook Union Elementary
School District boundaries and intend to remain herein.

3. I regularly contact and receive my mail at: I can be reached for emergencies at:

Name

Name

Address

Address

Phone Number

Phone Number

I declare under penalty of perjury under the laws of California that the foregoing is true
and correct and of my own personal knowledge and that if called upon to testify I
would be competent to testify thereto.

Signature of Parent/Guardian

Date

Signature of Witness (School Employee)

Date

CAREGIVER'S AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5 through 8 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____
2. Minor's birth date: _____
3. My name: _____
(adult giving authorization)
4. My home address: _____
5. ☐ I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative").
6. Check one or both (for example, if one parent was advised and the other cannot be located):
☐ I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
☐ I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.
7. My date of birth: _____
8. My California driver's license or identification card number: _____

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

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

Dated: _____ Signed: _____

NOTICES

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

ADDITIONAL INFORMATION

TO CAREGIVERS:

- 1) "Qualified relative", for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
- 2) The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
- 3) If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
- 4) If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

- 1) Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
- 2) The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

- 1) No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
- 2) This affidavit does not confer dependency for health care coverage purposes.