Canyon Rim Elementary

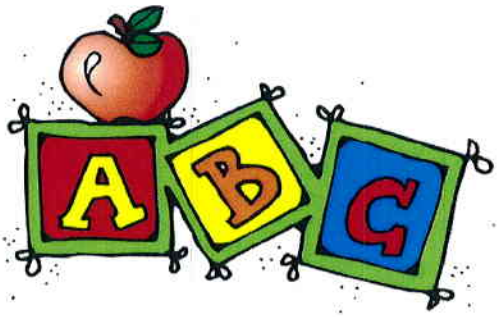
THIS IS TO INFORM YOU THAT KINDERGARTEN/TRANSITIONAL KINDERGARTEN REGISTRATION FOR THE 2016/2017 SCHOOL YEAR WILL BEGIN WEDNESDAY, MARCH 2, 2016.

PLEASE BE SURE TO BRING THE FOLLOWING ITEMS WHEN REGISTERING FOR KINDERGARTEN:

1. **BIRTH CERTIFICATE**
2. **VERIFICATION OF ADDRESS (TWO FORMS: CURRENT UTILITY BILLS, ESCROW PAPERS, ETC.)**
3. **IMMUNIZATION RECORDS SIGNED/STAMPED BY DOCTOR.**

CANYON RIM ASKS FOR YOUR HELP IN SPREADING THE NEWS REGARDING KINDERGARTEN/TRANSITIONAL KINDERGARTEN REGISTRATION TO YOUR NEIGHBORS/FRIENDS WHO HAVE CHILDREN OF KINDERGARTEN/TRANSITIONAL KINDERGARTEN AGE AND WHO ARE IN OUR ATTENDANCE AREA. BE SURE AND REGISTER FOR KINDERGARTEN/TRANSITIONAL KINDERGARTEN FROM 3/2/16 THRU 3/11/16.
PLEASE GO TO OUR PTA WEB SITE: www.canyonrimpta.com TO PRINT AND COMPLETE OUR KINDERGARTEN/TRANSITIONAL KINDERGARTEN REGISTRATION PACKET.

The birthdate requirement for Transitional Kindergarten is: Sept. 2 – Dec. 2, 2011 (students with these birthdates can only attend Transitional Kindergarten.) Students with birthdates between July 1 and September 1, 2011 may attend Kindergarten or TK

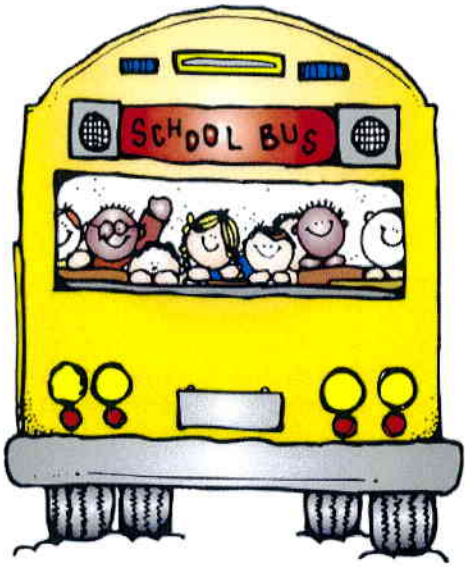


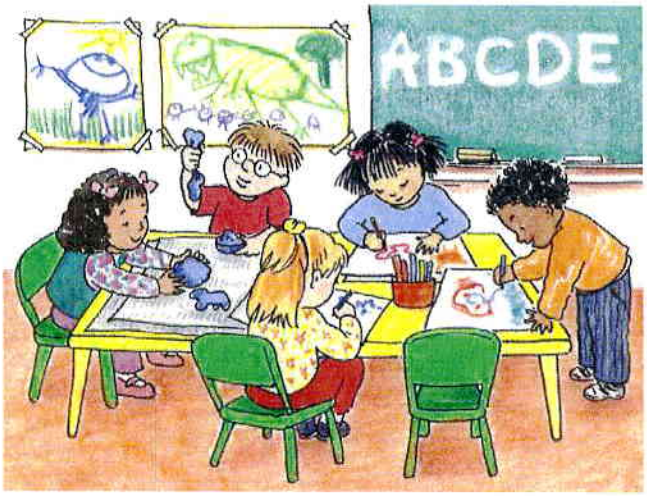
Welcome to Kindergarten! We want to also welcome you to Canyon Rim Elementary. You have an exciting year to look forward to - one of growth and pride.

We need you to schedule your child for an assessment appointment. The Kindergarten teachers will be administering our assessment test. This test will help us place your child for the 2015/2016 school year. We will test your child with you present to relieve any apprehensions on the part of your child. There is nothing you need to do to prepare your child. The testing should not be stressful and takes about 15 minutes. Please try not to bring any siblings along with you that could distract your future Kindergartner while testing.

It is very important that we test your child during the two week testing period, so please make every effort to find a time that works best for you. We prefer at least one parent to bring your child in, however, if that is not possible a grandparent or other relative may accompany your child. The office staff will schedule your appointment once your packet is complete.

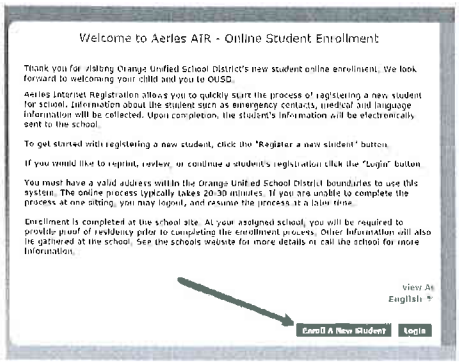
Sincerely,
The Kindergarten Team





OUSD Online Registration

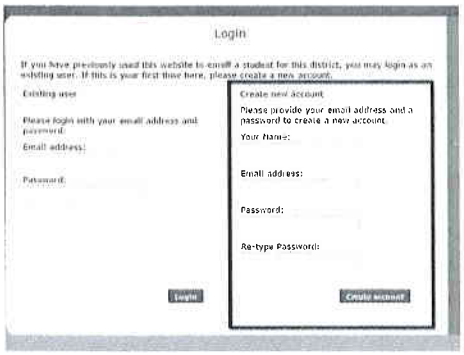
1. From the Online Student Enrollment page, choose "***Enroll a New Student***"*
   Only choose "Login**" if you have already created an account with your email & password and are returning to complete, review, or reprint an application, or to enroll an additional student.*



2. On the next screen, the 2016-2017 school year is pre-selected for you. Please click "***Next***" to continue. *(Please note that online registration is open to **incoming Kindergarten students ONLY.**)*

3. Review the important information pertaining to online enrollment and select "***Next***".

4. When you get to the login screen, you will create a new account by entering your name, email address, and a password of your choosing. Then select "***Create account***".



5. Please read the Terms of Service information. Once you select "***Agree***," click "***Next***" and your account is created. You can now begin to enter your child's information. **

****Online enrollment is the first step to enrolling your child** in O.U.S.D. Upon completion of the online enrollment, visit your local home school office to provide copies of required documentation: birth certificate or passport, immunization record/card, and proof of residency. ***Only upon providing documentation to your local school site is enrollment complete.***

Orange Unified School District – Canyon Rim Elementary
Pupil Registration Form – 2016/17

Grade: _____ Male: _____ Female: _____

Legal Last Name	First Name	Middle Name	AKA

Birth Date:	Birthplace: City, and State

Current Street Address:	City:	Zip Code:

Home Phone Number:	E-Mail Address:

____Yes, I elect to receive the Parent/Student Handbook and other documents electronically though Parent Portal. I am aware this is a one-time consent and I can change my decision and start receiving these documents by mail at any time by contacting the school office.

Student lives with: Father: ____ Mother: ____ Step-Father: ____ Step-Mother: ____ CWA Approved Guardian or Caregiver: _____ Group Home or Foster Home: _____

Father:	Work Phone #:	Cell Phone #:
Mother:	Work Phone #:	Cell Phone #:
Step-Father:	Work Phone #:	Cell Phone #:
Step-Mother:	Work Phone #:	Cell Phone #:
Caregiver/Guardian:	Work Phone #:	Cell Phone #:

Please check the best description of the highest level of education for the parent/guardian with whom the student named above resides:

1. ____ Not a high school graduate
2. ____ High school graduate
3. ____ Some college
4. ____ College graduate
5. ____ Graduate school/Postgraduate training
6. ____ Decline to state

PREVIOUS SCHOOL INFORMATION

Last School Attended: _____

School Address: _____

Withdrawal Date: _____ CSIS Student ID Number: _____

Has your student ever been suspended or expelled? Yes ____ No ____ Date: _____

Programs in which student has been enrolled:

__Basic (RSP) __Practical (SDC) __Speech and Hearing __504 __ELD __Honors/GATE __None

Has this student previously been enrolled in Orange Unified School District: Yes: ____ No: ___

If Yes, School Name: _____ Date last attended: _____

Parent Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Please initial all completed items:

	Address Verification (Utility bill-gas, electric etc.)
	Residence Verification Form (w/appropriate paper work)
	Name Verification (Birth Certificate)
	Immunization Records
	Immunization Verified by:
	Transcripts or Report Cards
	Withdrawal Grades
	Special Ed-Current IEP & Psych Report 504 Modification Plan
	Home Language Survey
	Emergency Card
	Caregiver Form/CWA Approved
	Inter District Transfer or Open Enrollment (Admin. Approved Form)
	Administrative Placement By:
	Court Documents: Foster Care, Custody Orders, Restraining Orders
	< Insert OTHER >
	< Insert OTHER >

School Enter Date/First Day of Attendance
Perm ID Number:
Cum Requested:

Orange Unified School District
Student Health Inventory

Date _____ **Grade** _____ **Birthdate** _____

Student Name _____ **Male** ☐ **Female** ☐
Last *First* *Middle*

School Last Attended _____ **City** _____ **State** _____

HEALTH STATUS	NO	YES	DESCRIBE IF YES	NO	YES
ALLERGIES	☐	☐	Allergic to:		
ASTHMA	☐	☐	• Mild ☐ Severe ☐ • Specify type and/or cause of asthma attack: _____ • Takes daily medication: o If yes, specify: • Takes emergency medication: o If yes, specify:	☐ ☐	☐ ☐
BEE STING ALLERGY	☐	☐	• Needs antihistamine tablet if stung • Needs adrenalin injection if stung	☐ ☐	☐ ☐
DENTAL PROBLEM	☐	☐	• Has received dental care • Date of last dental exam: _____	☐	☐
DIABETES	☐	☐	• Tests blood routinely • Has glucagon injection	☐ ☐	☐ ☐
EAR INFECTIONS	☐	☐	• Occasionally ☐ Frequently ☐ • Under doctor's care: • Date of last doctor's visit: _____	☐	☐
EPILEPSY OR SEIZURES	☐	☐	• Takes daily medication • If yes, specify: _____	☐	☐
HEART CONDITION	☐	☐	• Under doctors care • Specify restrictions at school: _____	☐	☐
ORTHOPEDIC PROBLEM	☐	☐	• Under doctors care • Specify any restrictions at school: _____	☐	☐
SERIOUS INJURY NOW OR IN PAST	☐	☐	• Specify:		
OTHER ILLNESS NOW OR IN PAST	☐	☐	• Specify: • Takes daily medication o If yes, specify: • Takes emergency medication o If yes, specify:	 ☐ ☐	 ☐ ☐
SURGERY/OPERATIONS	☐	☐	• Specify:		
HAS HEALTH CONDITION WHICH PREVENTS PARTICIPATION IN REGULAR P.E.	☐	☐	• Specify condition and limitations:		
HAS TROUBLE SEEING AT A DISTANCE	☐	☐	• Wears glasses • Wears contact lenses • Date of last visit with eye doctor _____	☐ ☐	☐ ☐
HAS TROUBLE SEEING CLOSE UP	☐	☐	• Wears glasses • Wears contact lenses • Date of last visit with eye doctor _____	☐ ☐	☐ ☐
HAS TROUBLE HEARING	☐	☐	• Wears hearing aids • Specify any needs at school:	☐	☐
OTHER HEALTH PROBLEM	☐	☐	• Specify problem and any medications:		

Orange Unified School District Home Language Survey –English

Student's Last Name:	First Name:	Middle:	School (OUSD):

Grade:	Age:	School Last Attended (if any):	District Last Attended (if any):	☐ Out of State ☐ Out of Country ☐ From Private School

Birth Date:	Place of Birth:	Date Entered U.S. (if Birthplace is not in the USA):	Dated Entered California:	Student#:	Teacher (Elementary):

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for the school to provide adequate instructional programs and services. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this form to the school office. Thank you for your help.

1. Which language did your son or daughter learn when he or she first began to talk?	
2. What language does your son or daughter most frequently speak at home?	
3. What language do you use most frequently when speaking with your son or daughter?	
4. What language is spoken most often by the adults in the home?	

Signature of Parent/Guardian: **Date:**

To comply with federal guidance issued by the U.S. Department of Education regarding the collection of student race and ethnicity data, we request your answers to the following two questions. (Federal Register, Vol. 72, No.202) Also, as part of the California State Assessment Program we are required to submit to the State, information on student ethnicity that is meant to help assure that all student groups are making adequate progress. Please be assured that all responses will be kept confidential.

Please answer questions 1 AND 2

1. **Ethnicity** Is this student Hispanic or Latino? *(Select only one)*
   ☐ No, not Hispanic or Latino ☐ Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking **one or more** boxes to indicate what you consider your race to be.

2. **Race** What is the race of this student? ***(Select one or more)***

☐ American Indian or Alaska Native	☐ Asian Indian	☐ Black or African American	☐ Cambodian
☐ Chinese	☐ Filipino	☐ Guamanian	☐ Hawaiian
☐ Hmong	☐ Japanese	☐ Korean	☐ Laotian
☐ Other Asian	☐ Other Pacific Islander	☐ Samoan	☐ Tahitian
☐ Vietnamese	☐ White		

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: ☐ Male ☐ Female
Parent/Guardian Name:	Child's race/ethnicity: ☐ White ☐ Black/African American ☐ Hispanic/Latino ☐ Asian ☐ Native American ☐ Multi-racial ☐ Other_____ ☐ Native Hawaiian/Pacific Islander ☐ 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) ☐ Yes ☐ No	Visible Decay Present: ☐ Yes ☐ No	Treatment Urgency: ☐ No obvious problem found ☐ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) ☐ Urgent care needed (pain, infection, swelling or soft tissue lesions)

_____ _____ _____

Licensed Dental Professional Signature ***CA License Number*** ***Date***

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.

State of California—Health and Human Services Agency

Department of Health Care Services
Child Health and Disability Prevention (CHDP) Program

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 (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/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)* *and* RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

☐ Examination shows no condition of concern to school program activities.

☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you ***do not*** want the health examiner to fill out Part III.

Signature of parent or guardian _____ Date _____

Name, address, and telephone number of health examiner

Signature of health examiner _____ Date _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

CHDP website: www.dhcs.ca.gov/services/chdp