



BUCKEYE UNION SCHOOL DISTRICT

Registration Packet – Valley View Charter Montessori 2020-2021 - Grade K-5

The attached registration packet contains the following:

1. Superintendent's Letter to Parents
2. Enrollment Registration Memo
3. Required Enrollment Information – **proof of immunizations required prior to enrollment/registration**
4. Student Registration Form
5. Student Demographic Information
6. Home Language Survey
7. Record of Prior Program Participation
8. Authorization to Release Information
9. McKinney-Vento Assistance Information
10. Health Information
11. Report of Health Examination for School Entry – **Kindergarten/First Grade Only**
(This must be filled out by a medical doctor, and turned in prior to first grade - this examination may be given up to 18 months prior to first grade entry)
12. Oral Health Information – **Kindergarten/First Grade Only**
13. Oral Health Waiver - if not completed in Kindergarten
(This must be filled out by a dental professional, and turned in to the school before May 29, 2020, unless you have previously completed/submitted this form)

Registration Process:

Please complete all forms. If your child is receiving special education services and has an IEP (Individual Education Plan), please make sure you provide a copy for scheduling purposes. Please note all registration **MUST** be returned with the following:

- Proof of all required immunizations
- Birth Certificate

Ongoing from January 21, 2020, you may hand deliver **completed** registration packets to your school of residence. **No child will be registered without proof of all required immunizations.** A complete packet includes items 1-10 for grades 2-5. For kindergarten and first grade, item 11 is requested prior to kindergarten entry and required prior to first grade entry. Item 13 is required for kindergarten or first grade only and is due before May 29, 2020. Once a registration packet is processed as complete, your child will be registered. The first day of school for 2020 – 2021 will be August 12, 2020. Please go to our website for specifics on this date at <http://www.buckeyeusd.org>.



BUCKEYE UNION SCHOOL DISTRICT

BOARD OF TRUSTEES

Brenda Hanson-Smith, Ph.D., Winston Pingrey, Kirk Seal, Gloria Silva, Jon Yoffie
P.O. Box 4768, El Dorado Hills, CA 95762
5049 Robert J. Mathews Parkway, El Dorado Hills, CA 95762
(530) 677-2261 • (916) 985-2183 • Fax (916) 934-0920
www.buckeyeusd.org

January 2020

Dear Parents:

As Superintendent of the Buckeye Union School District, I would like to welcome you. I am sure you are excited to begin your educational experience with us, just as I am pleased to have you as a new member of the Buckeye family. It is the mission of the Buckeye Union School District to provide the highest quality educational program for all students so that they fulfill their innate potential, become lifelong learners, and contribute to society as responsible citizens.

The Buckeye Union School District is renowned for the quality of its schools, which have been recognized with numerous State and National awards. We offer a comprehensive educational experience that includes technology-rich, standards based educational opportunities provided by a highly qualified and dedicated team of teachers and support staff. Additionally, we receive significant support from our generous parents and community.

Our programs are enhanced by a K-8th grade articulated science program, elementary physical education specialists, staffed libraries, elementary and middle school band, school counselors, 1-to-1 computer device access, instructional coaches, and well designed interventions. Many extra-curricular activities exist including elementary and middle school sports as well as STEM clubs and school garden programs.

As a new parent to our school area, it is important for you to understand that each school's enrollment is changing due to increasing and shifting enrollment patterns within our attendance areas. Consequently, it is extremely difficult to guarantee that your child will be housed in a particular school during the coming school years. I want to assure you that we will make every effort to keep your child in your neighborhood school. It may be necessary, however, for us to transport some children to other schools within the district in order to comply with state laws and district policies on class size.

If you have any questions regarding these issues, please contact your school site principal.

Once again, welcome to the Buckeye Union School District. We look forward to working with you and your children.

Sincerely,



David Roth, Ph.D.
Superintendent

Buckeye School
(530)677-2277 • (916)933-2333

Silva Valley School
(916)933-3767 • (530)677-8953

Blue Oak School
(530)676-0164 • (916)933-5149

Wm. Brooks School
(916)933-6618 • (530)677-2875

Oak Meadow School
(530)672-3890 • (916)939-9640

Cameron Springs Middle School
(916)933-9746 • (530)677-9818

Rolling Hills Middle School
(530)677-1658 • (916)933-0584

Valley View Charter Montessori
(530)676-2490 • (916)933-9290



P.O. Box 4768, El Dorado Hills, CA 95762
5049 Robert J. Mathews Parkway, El Dorado Hills, CA 95762
(530) 677-2261 - (916) 985-2183
Fax (916) 934-0920
www.buckeyeusd.org

2020/2021 Enrollment

Buckeye Union School District announces that beginning January 15, 2020, registration for the 2020/2021 school year will be accepted at all schools [Buckeye in Shingle Springs (530-677-2277), Blue Oak in Cameron Park (530-676-0164), Valley View Charter Montessori in El Dorado Hills (916-939-9640), William Brooks in El Dorado Hills (916-933-6618), Silva Valley in El Dorado Hills (916-933-3767), Oak Meadow in El Dorado Hills (916-933-9746), Camerado Springs in Cameron Park (530-677-1658) and Rolling Hills in El Dorado Hills (916-933-9290)]. School websites can be accessed at buckeyeusd.org.

Registration forms will be available in school offices beginning January 15, 2020 for the registration period beginning on January 21, 2020. Registrations will be taken at school sites based upon designated boundaries. If you are uncertain as to your school of attendance, please visit the district website to input your address and access this information. Go to www.buckeyeusd.org →Parent Resources→Boundaries to use this tool.

A child who resides in Buckeye Union School District and will be five years of age on or before September 1, 2020, may register for Kindergarten. Children who will turn five years old between September 2, 2020 and December 2, 2020, are eligible for and may register for Transitional Kindergarten.

Your child's birth certificate, up-to-date immunization record and proof of residence will be required when you register your child. Proof of residency requires that a parent/guardian provide two pieces of documentation. The specific information about these documents is available on the district website at www.buckeyeusd.org by clicking on "For Parents" and then "Enrollment." [**Proof of residency is *not* required for picking up a registration packet for enrollment in Valley View Charter Montessori School or Camerado Middle School, but *is required* for registration if the student is registering under one of the following enrollment preferences: (1) a student who resides within the Valley View school boundaries; or (2) a student who resides within the attendance boundaries of the District.]

It is important to understand that if your child's registration packet is not complete and all documents required to be submitted have not been submitted to school officials, your child will not be enrolled at the time of submission of the enrollment packet, but rather will be placed on a wait list pending completion of the required enrollment information. School staff will contact you if your enrollment packet is deemed to be incomplete and request the information needed in order to enroll your child upon its submission. If you need any further information regarding registration, please visit or call the school.

Interdistrict Transfers: Any child attending Buckeye Union School District on a currently approved Interdistrict Transfer Agreement, will be registered for the 2020-2021 school year, unless the school site is notified of the student's withdrawal. New Interdistrict Transfer request forms will be accepted between February 3, 2020 and March 31, 2020, for consideration for the 2020-2021 school year. New Interdistrict Transfer requests will not be reviewed until May 13, 2020.

Intradistrict Transfers: Intradistrict Transfer forms will be accepted between January 1, 2020 and February 28, 2020, for consideration for the 2020-2021 school year. Remember, if your student is already attending a school on an Intradistrict Transfer, a move from the student's assigned school to another school within our district, and they wish to remain at that school, they do not need to renew their intradistrict agreement, and we will assume he/she will be returning to the same school for the 2020-2021 school year. Intradistrict forms will be available on the Buckeye Union School District website January 1, 2020. The web address is www.buckeyeusd.org (click on "Parent Resources" and then "District/School Transfers").

Buckeye Union School District REQUIRED ENROLLMENT INFORMATION

A child will not be registered or admitted unless proof of residence, required immunizations, and a birth certificate (or other legal evidences of age – AR 5111 of the Board Policies, Ed. Code § 48002) are presented to school officials at the time of registration.

RESIDENCE VERIFICATION

Education Code Section 48200 states, in part, that, "Each person subject to compulsory full-time education...shall attend the public full-time school...in which the residency of either the parent or legal guardian is located and each parent, guardian, or person having control or charge of such pupil shall send the pupil to the public full-time school...in which the residence of either the parent or legal guardian is located."

Residency documentation must show the name and address of the parent or legal guardian residing within the school district. **Parent(s) or legal guardian(s) must provide valid proof of residency which may be established by documentation including, but not limited to, a combination of two or more of the following documents:** :

- | | |
|---|---|
| <input type="checkbox"/> Utility Bills (water/electric/gas)
(utility service contract, statement or payment receipts) | <input type="checkbox"/> Property Tax Payment Receipt |
| <input type="checkbox"/> Rental agreement or notarized copy of escrow papers,
lease agreement or payment receipts.
(Must be verified by a utility receipt within 30 days of enrollment) | <input type="checkbox"/> Voter Registration

<input type="checkbox"/> Pay Stubs |
| <input type="checkbox"/> Correspondence from a government agency | <input type="checkbox"/> Declaration of residency executed by parent or legal guardian
(available in school offices) |

IMMUNIZATION: In accordance with state law (SB277), you must provide PROOF OF IMMUNIZATION at time of registration.

PLEASE NOTE: All immunizations must be completed and provided to be registered for school. Students with incomplete immunizations will be placed on a waitlist until immunizations are complete. Once registration packets are processed, if you do not have required immunizations, you will receive a notification of the immunizations required to complete your registration.

GRADE	NUMBER OF DOSES OF EACH IMMUNIZATION				
K-12 Admission	4 Polio	5 DTaP	3 HEP B	2 MMR	2 Varicella
7 th – 12 th	1 Tdap				
7 th Grade Advancement	2 Varicella	1Tdap			

Note: Requirements may be found here online: <http://eziz.org/assets/docs/IMM-231.pdf>. Exemptions may only be made for medical concerns with a letter from a physician as required. For more on new vaccine laws and exemptions; <http://www.shotsforschool.org/laws/exemptions/>.

BIRTH CERTIFICATE

Please provide us with a copy of your child's birth certificate or bring the certificate for us to copy (other legal evidences of age as stated in AR 5111 of the Board Policies, Ed. Code § 48002 may be accepted in the absence of a Birth Certificate). Children entering kindergarten must be 5 years old on or before September 1st of that school year. Children who will turn 5 between September 2nd and December 2nd are eligible for Transitional Kindergarten.

HEALTH EXAM

A health examination is required before entry into first grade. This examination may be given up to 18 months prior to first grade entry. You may turn in proof of this exam anytime during your child's kindergarten year. **This report must be filled out by a medical doctor.**

ORAL HEALTH ASSESSMENT

An oral health examination is required by May 31, 2020 in Transitional Kindergarten, Kindergarten or first grade, whichever is your child's first year of public school. An examination that happened within the 12 months before your child enters school also meets this requirement. **This report must be filled out by a licensed dental professional.**

STUDENT REGISTRATION FORM

Please check if applicable:

Registering for Grade: _____ /School Year: 20____ - 20____

Has your child ever attended school in this district? Yes No

If yes, school name _____

Last School Attended _____

Date Last Attended _____ Address _____

<input type="checkbox"/> Kindergarten	
Prefer: <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
<input type="checkbox"/> All Day K – Buckeye School	

LEGAL NAME OF CHILD

(As shown on birth certificate) Last _____ First _____ Middle _____

HOME ADDRESS

Street _____ City _____ Zip code _____

MAILING ADDRESS

Street or P.O. Box _____ City _____ Zip code _____

DATE OF BIRTH _____ AGE _____ HOME PHONE _____

Mo / Day / Year

Listed Unlisted Blocked

GENDER M F

OFFICE USE ONLY

School _____
Perm Num _____
Generate HAC Letter _____

(Please Initial upon Receipt)

- _____ Registration Form
- _____ Demographic Form
- _____ Home Language Survey
- _____ Record of Prior Program Part
- _____ Cumulative Request Form
- _____ McKinney Vento Form
- _____ Health Information Form
- _____ Report of Health Exam (Kinder)
- _____ Oral Health Assessment (Kinder)
- _____ Immunization Record
- _____ Birth Certificate
- _____ Residence Verification

<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Name	Living with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address	Home () Cell ()
Employer	Work ()
Email: _____	
By providing my e-mail, I give the Buckeye Union School District permission to communicate school business/information with me using my e-mail address provided above.	

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Name	Living with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address	Home () Cell ()
Employer	Work ()
Email: _____	
By providing my e-mail, I give the Buckeye Union School District permission to communicate school business/information with me using my e-mail address provided above.	

By COURT ORDER, this student CANNOT be released to: _____
(Copy of Court Order MUST be on file at school office)

(If there is any legal information, i.e., court orders, guardianship, please attach)

Siblings: (If more space is needed, please check this box and continue on to the back page.)

Name: _____ M/F Birthdate: _____ School: _____

Name: _____ M/F Birthdate: _____ School: _____

Name: _____ M/F Birthdate: _____ School: _____

Has your child been expelled from a school, or is he/she in the process of being reviewed for expulsion? Yes No

Has your child ever been retained? Yes No If Yes, Grade: _____

I have received the Superintendent's Letter to Parents: Initial Here _____

My signature certifies under penalty of perjury that the information on this form is true and accurate. The home address listed above is my true legal residence as parent/guardian of the above-named student. I understand that failure to provide true and correct residential information may result in the disenrollment of the above-named student. It is the parents' responsibility to notify the school of any changes in the information reported on this form.

Parent/Guardian Signature _____

Date _____



Student Demographic Information

The Buckeye Union School District is required by the State of California to provide the information below for every student. The district makes every effort to maintain this information as confidentially as possible. Thank you for your accurate provision of this information.

Student Name:		
School:	District: Buckeye Union School District	
Gender:	Grade:	Date of Birth:

WHAT IS YOUR CHILD'S ETHNICITY? (please check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
--

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories):		
<input type="checkbox"/> American Indian or Alaskan Native (100)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700)

PARENT EDUCATION (Check the response that describes the education level of the <u>most educated parent</u>):
<ul style="list-style-type: none"> • Some college means attending or graduating from a junior college OR attending a four-year college or university but not graduating. • College graduate means you have graduated from a four-year college or university.
<input type="checkbox"/> Graduate Degree or Higher (10)
<input type="checkbox"/> College Graduate (11)
<input type="checkbox"/> Some College or Associate's Degree (12)
<input type="checkbox"/> High School Graduate (13)
<input type="checkbox"/> Not a High School Graduate (14)



BUCKEYE UNION SCHOOL DISTRICT

HOME LANGUAGE SURVEY

Date: _____

School: _____

For Office Use Only
If ELL, letter referred to: _____
If not ELL, no action needed.
Date: _____
Reviewed by: _____

The California Education Code 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.

If a language other than English is noted on questions 1-3, your child will be tested for English Proficiency as required by California state law.

Name of Student: _____
Last (Legal) First Middle

Grade Age Date of Birth

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 use at home?

3. What language do you use most frequently to speak to your son or daughter?

4. Name the language most often spoken by the adults at home:

Signature of Parent or Guardian



BUCKEYE UNION SCHOOL DISTRICT

Record of Prior Program Participation

Name of Student _____

Birthdate _____

Grade _____

To provide continuity in your child's educational program, it is important that we be made aware of any services he/she has received. Please give us the following information to help us expedite your child's proper placement.

My Child: (please initial)

_____ is not participating in any special programs

_____ has had testing for Special Education at _____

School in _____ School District

_____ is currently in a Gifted and Talented Education program (GATE)

_____ is currently in an English Language Development class (ELD)

_____ is currently in Special Day class (SDC)

_____ is currently in a Resource Specialist Program (RSP)

_____ is currently receiving Speech/Language Therapy

_____ is currently receiving Adaptive Physical Education

_____ is currently receiving Vision Services

_____ is currently receiving Hearing Services

_____ is currently receiving accommodations from a 504 Plan

If your child is currently in any Special Education programs, do you have a copy of the current IEP? Yes No If yes, please provide a copy.

Comments: _____

Parent/Guardian Signature

Date



BUCKEYE UNION SCHOOL DISTRICT

Valley View Charter Montessori
1665 Blackstone Parkway
El Dorado Hills, CA. 95762
Phone: (916) 939-9640/Fax: (916) 939-5015

Authorization to Release Information

To: _____
(Name of School Previously Attended) (Phone Number) (Fax Number)

_____ (Mailing Address) _____ (City) _____ (State) _____ (Zip Code)

The following student(s) have enrolled in our school. Please forward the cumulative records, confidential records, and any health information to the school listed above.

Student's First and Last Name	Birth Date	Grade
Student's First and Last Name	Birth Date	Grade
Student's First and Last Name	Birth Date	Grade

Thank you,

 Paul Stewart
 Principal

AUTHORIZATION TO RELEASE INFORMATION

I hereby give _____ School my consent to obtain any confidential information in my child's cumulative record, and request you to forward the same to the school at the address listed above.

I understand that I have the right to review a copy of the record if desired and have an opportunity to challenge the content of the record.

 Parent/Guardian Signature Date

Date _____

**BUCKEYE UNION SCHOOL DISTRICT
STUDENT RESIDENCY QUESTIONNAIRE**

This document is intended to address the McKinney-Vento Assistance Act.
Your answers will help determine documents necessary to enroll your child quickly.

Student Name – Last		First	Middle
Gender (circle one) M F	Date of Birth:		Grade:
School		Teacher	

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to a loss of housing? Yes No Economic Hardship? Yes No
3. Are you enrolling a foster child? Yes No

***If you answered "NO" to all of the above questions, STOP NOW.
If you answered "YES" to any of the above questions, please complete the remainder of the form.***

4. Do you and/or the student live in:
 a shelter
 motel/hotel
 temporarily with another family in a house, mobile home, or apartment
 in a car or RV
 at a campsite
 transitional housing (Hope House, Women's Center, Progress House, Mentor House, Grace Place)
 other location _____
5. The student lives with:
 one parent friend(s)
 two parents an adult that is not the legal guardian
 a qualified relative alone with no adult(s)
6. I am:
 the parent/legal guardian of the above-named student
 a qualified adult relative of the above-named student (relationship: _____)
7. Has anyone in the household served in the Military; Active or Reserve/Guard? Yes No

Name of Parent(s)/Legal Guardian/Caregiver	
I can be reached for emergencies at the following address:	
Phone:	Cell Phone:
I receive mail at:	

**** See next page regarding possible rights and protections of students in transition.***

Siblings (include children from 0-21 years)

Name	Age/Grade	School

Fecha

Distrito Escolar
Cuestionario de Domicilio del Estudiante

Este Documento se enfoca en el Acta de Asistencia del Programa de McKinney-Vento.

Sus respuestas nos ayudaran a determinar cuales documentos son necesarios para registrar al estudiante más pronto.

Nombre del Estudiante – Apellido	Primer Nombre	Segundo Nombre
Género (Marque uno) M F	Fecha de Nacimiento:	Grado:
Escuela:	Maestro:	

1. ¿La dirección donde esta viviendo es un arreglo provisional? Sí No
2. ¿Este arreglo provisional es a causa de la perdida de su vivienda? Sí No ¿O por razones económicas? Sí No
3. ¿Esta usted registrando un niño de crianza o adoptado? Sí No

***Si su respuesta es "NO" a todos las preguntas arriba, PARE AHORA.**

Si su respuesta es "SÍ" a cualquiera de las preguntas arriba, por favor complete el resto de la forma.

4. Está usted y/o el alumno viviendo en:
 - Un Refugio
 - Hotel/Motel
 - En la casa de otra familia en forma provisional, en casa móvil, o apartamento.
 - En el carro o casa remolque
 - En un parque para acampar.
 - Vivienda de Transición (Hope House, Women's Center, Progress House, Mentor House)
 - Otro Lugar _____
5. El alumno vive con:
 - Solo uno de los padres
 - Ambos Padres
 - Un familiar con derecho
 - Amistad (es)
 - Un adulto que no es el guardián legalmente.
 - Solo sin ningún adulto (s)
6. Yo soy:
 - El padre/madre/guardián legal del antes mencionado alumno.
 - Un familiar adulto que tiene el derecho sobre el antes mencionado alumno (relación: _____)
7. ¿Alguien en el hogar ha servido en el Ejército? Activo o Reserva / Guardia? Sí No

Nombre de Padre(s)/Guardián Legal/Encargado	
Puedo ser localizado por caso de emergencia en la siguiente dirección:	
Numero de Teléfono:	Numero de Celular:
Recibo mi correo en:	

***Vea la siguiente página sobre posibles derechos y protección de alumnos en transición.**

Hermanos (Incluya a niños de la edad de 0 – 21 años)

Nombre:	Edad/Grado:	Escuela:



You can ENROLL in school!

Even If you have:

- Uncertain housing
- A temporary address
- No permanent physical address

You are guaranteed enrollment in school by the federal McKinney-Vento Act and California state law if you live:

- In a house or apartment with more than one family due to loss of housing or economic hardship
- With friends or family because you are a runaway or an unaccompanied youth
- In substandard housing (without electricity, water, or heat)
- In a shelter (family, domestic violence, or youth shelter or transitional living program)
- In a motel, hotel, or weekly rate housing
- In an abandoned building, in a car, at a campground, or on the streets

You can enroll in school immediately even without the documents normally required for enrollment, such as:

- Proof of residency
- Immunization records or other required health records
- School records
- Legal guardianship papers

Your child may:

- Participate fully in all school activities and programs for which he/she is eligible.
- Receive transportation to and from the school of origin if you request it.
- Continue to attend the school in which he/she was last enrolled even if you have moved away from that school's attendance area.
- Qualify automatically for school nutrition programs.

Your responsibilities are to:

- Make sure your child gets to school on time and ready to learn.
- Stay informed of school rules, regulations, and activities.
- Contact the homeless liaison for assistance in removing barriers to your child's education.
- Attend parent/teacher conferences, Back-to-School Nights, and other school related activities.

For questions about enrolling in school or for assistance with school enrollment, contact:

- Your local school district homeless liaison:

Nicole Schraeder
5049 Robert J Mathews Pkwy
El Dorado Hills, CA 95762
(530) 677-2261

- Your county homeless liaison:

Margaret Lewis
Homeless Youth Coordinator
El Dorado County Office of Education
6767 Green Valley Road
Placerville, CA 95867
Phone: 530-295-4539
email: mlewis@edcoe.org

- Your homeless state coordinator:

Leanne Wheeler
State Coordinator
California Department of Education
1430 N Street, Suite 6408
Sacramento, CA 95814
Phone: 1-866-856-8214



¡Tú puedes INSCRIBIRTE en la escuela!

Incluso si:

- Tu situación de vivienda es incierta
- Tienes una dirección temporal
- No tienes una dirección física permanente

La ley federal McKinney-Vento y las leyes del estado de California te garantizan la inscripción en la escuela si vives:

- En una casa o departamento con más de una familia debido a la pérdida de tu vivienda o a dificultades económicas
- Con amigos o familiares porque huiste de tu hogar o eres un menor no acompañado
- En una vivienda precaria (sin electricidad, agua o calefacción)
- En un refugio (para familias, víctimas de violencia doméstica o jóvenes, o un programa de vivienda temporal)
- En un motel, hotel o vivienda que se paga semanalmente
- En un edificio abandonado, automóvil, campamento o en la calle

Puedes inscribirte en la escuela de inmediato incluso sin los documentos que normalmente se piden para la inscripción, como:

- Prueba de residencia
- Registros de vacunación y otros registros médicos
- Registros escolares
- Papeles de tutela legal

Tu hijo puede:

- Participar plenamente en todas las actividades y programas escolares para los que reúne los requisitos.
- Recibir transporte de ida y vuelta a su escuela de origen si lo solicita
- Seguir asistiendo a la escuela en la que estuvo inscrito por última vez, incluso si se mudó fuera de la zona de asistencia de esa escuela.
- Reunir los requisitos automáticamente para participar en los programas de nutrición escolar.

Es tu responsabilidad:

- Asegurarte de que tu hijo asista a la escuela a tiempo y listo para aprender.
- Mantenerse informado de las reglas, normas y actividades de la escuela.
- Contactar al enlace designado para las personas sin hogar para obtener ayuda para eliminar las barreras a la educación de tu hijo.
- Asistir a reuniones entre padres y maestros, las noches de regreso a la escuela y otras actividades relacionadas con la escuela.

Si tienes preguntas acerca de la inscripción en la escuela o para obtener ayuda con la inscripción, contacta a:

- El enlace designado para las personas sin hogar ("homeless liaison") de tu distrito escolar local:

Nicole Schraeder
5049 Robert J Mathews Pkwy
El Dorado Hills, CA 95762
(530) 677-2261

- El enlace designado para las personas sin hogar de tu condado:

Margaret Lewis
Homeless Youth Coordinator
El Dorado County Office of Education
6767 Green Valley Road
Placerville, CA 95667
Phone: 530-295-4539
email: mlewis@edcoe.org

- El coordinador de las personas sin hogar de tu estado:

Leanne Wheeler
Coordinadora Estatal
Departamento de Educación de California
1430 N Street, Suite 6408
Sacramento, CA 95814
Teléfono: 1-866-856-8214

Buckeye Union School District
CONFIDENTIAL - STUDENT HEALTH INFORMATION

Student's Name: _____ Birth date: _____ Teacher: _____ Grade: _____

Blue Oak, 530-676-0164 x1830, Fax: 530-676-0758 Silva Valley, 916-933-3767 x2730, Fax: 916-933-6389
 Buckeye, 530-677-2277 x1230, Fax: 530-672-1483 William Brooks, 916-933-6618 x2430, Fax: 916-933-3910
 Camerado, 530-677-1658 x1530, Fax: 530-677-9537 Rolling Hills, 916-933-9290 x3030, Fax: 916-939-7454
 Oak Meadow, 916-933-9746 x2130, Fax: 916-933-9784 Valley View Charter Montessori 916-939-9640, Fax 916-939-5015

Parent/Guardian: To best plan for your child's health and wellbeing, please complete front (and back if applicable) of form. Medications required during the school year require a separate medication form that should be updated yearly.

MEDICAL HISTORY – If YES to any *, please complete the REVERSE side of form (Complete section below).**

Has your child experienced?	No	Yes-within 12 months	Has your child experienced?	No	Yes-within 12 months	Has your child experienced?	No	Yes-within 12 months
**Allergies			Diabetes-ask for packet			Headaches		
*Asthma			Dizziness			*Heart Disease		
*Blood Disorder or Hepatitis			*Epilepsy or Seizures			Nosebleeds		
*Cardiac/Heart Condition			Ear/Eye or Hearing or Vision Problem			*Treatment required (i.e. catheter, etc)		
Cerebral Palsy			Fainting Spells					

OTHER MEDICAL CONDITION: _____

Allergy Information

ALLERGIES (please list and complete SEVERE section if applicable): _____

MILD/MODERATE ALLERGIES- Action for MINOR reaction, if symptoms is/are: _____

Provide the following action: _____

If severe allergies: What specific reaction does your child have? Include concerns for airway (irritation, tightness of throat/chest, cough, hoarse, shortness of breath, coughing, wheezing, difficulty breathing), cardiac (fainting, pale, blueness, thready pulse), oral (itching, tingling, swelling of lips, tongue or mouth), skin (hives, itch, rash, swelling – include location), gastrointestinal (nausea, abdomen pain, cramps, vomiting, diarrhea) or other reaction. ***Include DATE of last reaction***

SEVERE ALLERGIES- Action for SEVERE reaction, if symptom(s) is/are: _____

Provide the following action: _____

Any previous history of hospitalization, serious illness, accident or surgery: _____

Does your child require any medication(s) while at school (IF YES please obtain medication form): YES NO

Does your child require any vision or hearing equipment? _____

Birth History: My child was born ___ Full-Term ___ Premature (if so, at how many weeks? _____) Birth weight: _____

Delivery: Were there any problems? _____

Did baby go home with parent(s)? YES NO Was baby hospitalized after birth? _____

Developmental: Indicate child was (E)arly, (L)ate or (A)verage for milestones: ___ Sitting ___ Walking ___ Talking ___ Toileting

Parent/Guardian Name: _____ Phone #: _____

Alternate Emergency Contact: _____ Phone #: _____

Physician's Name and Contact information: _____

Parent Signature: _____ Date: _____

Buckeye Union School District – Individualized Student Health Plan

Asthma, Blood Disorder, Cardiac/Heart Condition, Epilepsy/Seizure Disorder, Treatments Required at School

For students with Diabetic concerns, please obtain and complete the Diabetic Packet at the Health Office prior to school.

Medical condition above or treatment(s) to be addressed in health plan: _____

For any health concerns not listed that you feel may require a health plan, please complete the OTHER section.

IF ADDITIONAL ROOM IS REQUIRED, PLEASE USE A SEPARATE SHEET AND ATTACH IT TO THIS FORM FOR REVIEW.

****FOR SEVERE ALLERGIES** Please complete front of form section marked ALLERGIES...**

Asthma: Student has mild, moderate, SEVERE asthma. Inhaler at school, Inhaler at home, Inhaler both locations.

Student wears a medical bracelet.

Triggers to asthma include: _____

Any restrictions or special care required, including medications: _____

Blood Disorder: Type of condition: _____

Any restrictions, special care required, or medications: _____

Cardiac/Heart Condition: Type of condition: _____

Any restrictions, special care required, or medications: _____

Epilepsy/Seizure Disorder: Type of condition: _____

Any restrictions, special care required, or medications: _____

Treatments Required at School (include details of medical condition): _____

OTHER: Type of condition: _____

Any restrictions, special care required or medications: _____

EMERGENCY PLAN: Please indicate approval of emergency care for any signs of severe distress: Airway (irritation, tightness of throat/chest, cough, hoarse, shortness of breath, coughing, wheezing, difficulty breathing), Cardiac (fainting, pale, blueness, thready pulse), oral (itching, tingling, swelling of lips, tongue or mouth), gastrointestinal (vomiting blood, bloody diarrhea).

Other condition warranting 911 call: _____

- Plan of Action:
- 1) Contact 911 – do not hesitate to ask for advanced life support
 - 2) Provide basic first aid & CPR as required
 - 3) Call Parent/Guardian and/or emergency contacts listed on previous page & District Nurse
 - 4) Other: _____

Parent Signature: _____ Date: _____

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/d (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)

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.

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)

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.

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregue a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido

Primer Nombre

Segundo Nombre

FECHA DE NACIMIENTO—Mes/Día/Año

DOMICILIO—Número y Calle

Ciudad

Zona Postal

Escuela

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

EXAMEN DE SALUD

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.
Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DT/DT/dT/d (difteria, tétano y [acelular] pertusis [los ferri]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros prescolares solamente)					
HEPATITIS B					
VARICELA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (opcional)

RESULTADOS Y RECOMENDACIONES

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

- Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián

Fecha

*de ser indicado

Firma del examinador de salud

Fecha

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

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



BUCKEYE UNION SCHOOL DISTRICT

BOARD OF TRUSTEES

Brenda Hanson-Smith, Ph.D., Winston Pingrey, Kirk Seal, Gloria Silva, Jon Yoffie

P.O. Box 4768, El Dorado Hills, CA 95762
5049 Robert J. Mathews Parkway, El Dorado Hills, CA 95762
(530) 677-2261 • (916) 985-2183 • Fax (916) 934-0920
www.buckeyeusd.org

January 2020

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 31, 2020, at the end of Transitional Kindergarten, Kindergarten or first grade, whichever is his/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 website 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 website 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 Medi-Cal/Healthy Families' toll-free number 1-800-880-5305.
2. Healthy Families' toll-free number or website 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 your local Public Health Department of El Dorado County 530-621-6100 or Sacramento County 916-874-2256.

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 dental health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable and they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, please contact Nicole Schraeder, Director of Student Services, at 916-985-2183.

Sincerely,

A handwritten signature in cursive script that reads "David Roth".

David Roth, Ph.D.
Superintendent



BUCKEYE UNION SCHOOL DISTRICT

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)
<p>_____</p> <p><i>Licensed Dental Professional Signature</i> <i>CA License Number</i> <i>Date</i></p>			

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.

Original will be kept in child's school record.

