Dear Parents or Guardian:

The Bonita Unified School District will offer an outstanding Transitional Kindergarten Program during the 2014-2015 school year for children turning five (5) years of age from September 2, 2014 to December 1, 2014. This is the first year of a two-year program.

Both morning and afternoon session are available, and classes will be offered this year at Ekstrand Elementary School and at Allen Ave Elementary School. Day care is also available before school for students attending the morning session, or after school for students attending the afternoon session. District transportation is not offered for this optional program.

The attached cover sheet lists all documentation that is necessary to register a student. Please complete the forms and collect required documentation before coming to register.

Note: All immunizations must be up-to-date before a child will be assigned to a Transitional Kindergarten class.

Please share this information with your friends and neighbors. We are looking forward to working with you and your child in this very important first year of school.

Sincerely,

Mark Rodgers
Senior Director, Student Services
BONITA UNIFIED SCHOOL DISTRICT

Transitional Kindergarten Program, 2014-2015

Cover Sheet

Please complete this cover sheet and return it with all documents listed below to the site at which you would like your student to attend:

Ekstrand Elementary, 400 W. Walnut Ave., San Dimas
Allen Ave Elementary, 740 E. Allen Ave., San Dimas

Additional Documents from this Packet to Complete and Sign:

- Registration Information Form
- Health and Development Questionnaire
- Home Language Survey

Additional Documentation that Must be Provided at Registration:

- Verification of Date of Birth
- Proof of Residence (utility bill, lease agreement, etc)
- Proof of Immunization Requirements Verified by a Medical Professional

STUDENT NAME: Last: ___________________________ First: ___________________________ Middle: ____________

Date of Birth: ________________ Gender: __________________

Transitional Kindergarten Site:  □ Ekstrand  Neighborhood School: ____________________________

        □ Allen Ave

Class Session Preference:  □ Morning Session, 8:15 am – 11:15 am

        □ Afternoon Session, 11:45 am – 2:45 pm

        □ No Preference

Signature:

By signing below, I acknowledge that I am enrolling my child in the BUSD Transitional Kindergarten Program as the first year of a two-year kindergarten program. I understand that Transitional Kindergarten students will return to their neighborhood school for the kindergarten year.

__________________________________________  ____________________________
Print Parent/Guardian Name                  Phone Number

__________________________________________  ____________________________
Signature                                      Date

For Office Use Only—Parents submit this form attached to a completed kindergarten enrollment packet.

Date enrollment packet received:  ____________  Received by: ____________________________

Updated February 2014

The Bonita Unified School District is an equal opportunity employer and does not discriminate on the basis of any class protected by law.

Bonita Unified School District 02/21/2014
**STUDENT REGISTRATION INFORMATION, GRADES TK-12**

**STUDENT NAME:** Last: ___________________  First: _______________  Middle: ____________

Date of Birth: ___________________  Gender: _______

**RESIDENT ADDRESS:**
Number & Street   Apt #  City  Zip

**MAILING ADDRESS:**
Number & Street   Apt #  City  Zip

**EDUCATIONAL HISTORY AND PROGRAMS**

Date first enrolled in a school in the United States: _______  Date first enrolled in a school in California: _______
School most recently attended:  School Name: ___________________
  School Address: _______________________________________
  District Name: ___________________

Does the student have an IEP?  □ YES  □ NO  Has the student been identified for GATE?  □ YES  □ NO

Does the student have a 504 Plan?  □ YES  □ NO

**PARENT/GUARDIAN INFORMATION**

Name  Relationship to Student
Resident Address (if different from above)
Home Phone  Cell Phone
Work Phone  E-Mail

**OTHER PARENT/GUARDIAN INFORMATION**

Name  Relationship to Student
Resident Address (if different from above)
Home Phone  Cell Phone
Work Phone  E-Mail

**OTHER INFORMATION**

Is there a court order or custody agreement that defines or limits access of a parent/guardian to the student?  □ YES  □ NO
If "YES", please provide a copy of the court order or custody agreement (attach to this form)

Is this student under the terms of an expulsion from another district?  □ YES  □ NO
If "YES", please provide a copy of all expulsion documentation provided by the other district (attach to this form)

**PARENT SIGNATURE**

I hereby verify that all of the information on this form is accurate to the best of my knowledge. I further agree to notify the school of any changes to address, phone numbers, and/or emergency information within 24 hours of the change.

______________________________  ________________
Parent/Guardian Signature  Date

**FOR OFFICE USE:**

<table>
<thead>
<tr>
<th>COURT ORDERS ON FILE:</th>
<th>YES</th>
<th>NO</th>
<th>Date of Most Recent Orders: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal Date:</td>
<td>_______</td>
<td></td>
<td>Date Sent: _______  Name of District</td>
</tr>
<tr>
<td>Cum Sent To:</td>
<td>___________________</td>
<td></td>
<td>School Name: ___________________  Address: ___________________</td>
</tr>
</tbody>
</table>

Bonita Unified School District 02/21/2014
# HEALTH AND DEVELOPMENT QUESTIONNAIRE

**Name of student:** ____________________________  

**Last**  
**First**  
**Middle**  

**Birthdate:** ________________  

**School:** ____________________________  

**Grade:** _____  

**Age:** ______  

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1. **Does your child have a regular source of medical care?**  
   - [ ] YES  
   - [ ] NO  

   **Name of Provider/Clinic:** ____________________________

   **Date of Most Recent Visit or Upcoming Visit:** ____________________________

   **Reason for Last or Upcoming Visit:** ____________________________

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2. **Does your child have any health problems?**  
   - [ ] YES  
   - [ ] NO  

   *If “yes”, please describe below:*

   __________________________________________________________

   __________________________________________________________

---

3. **Does your child take any medications?**  
   - [ ] YES  
   - [ ] NO  

   *If “yes”, please describe below:*

   __________________________________________________________

   __________________________________________________________

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4. **Does your child have a potentially life-threatening health condition?**  
   - [ ] YES  
   - [ ] NO  

   *If “yes”, please describe below:*

   __________________________________________________________

   __________________________________________________________

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5. **Additional Comments:**

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

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**Parent/Guardian Signature:** ____________________________  

**Date:** ________________

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Bonita Unified School District 02/21/2014
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 appropriate instruction for all students. Please complete the information and answer the questions below. Thank you.

Name of student: ____________________________ Birthdate: ______________

Last       First       Middle

School: ____________________________ Grade: ______________

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. What language is most often spoken daily by the adults at home: ______________________________

5. Previous School District: ____________________________ City/State: ____________________________
   Dates Attended: ___________ to ___________

Parent/Guardian Signature: ____________________________ Date: ______________

FOR OFFICE USE:

SCHOOL ____________________________ GRADE _____ TEACHER ____________________________

☐ Woodcock/Munoz English Test Date: __________ Broad English Ability __________ Oral Language Ability __________
   Reading-Writing Ability __________

☐ Idea Proficiency Test (IPT) Date: __________ Level __________

☐ Woodcock/Munoz Spanish Test Date: __________ Broad English Ability __________ Oral Language Ability __________
   Reading-Writing Ability __________

☐ Informal Primary Language Test Date: __________ Speaking __________ Reading __________ Writing __________ Understanding __________
   (Rate ability 1 to 5 1= non-speaking primary language, 5=fluent primary language)

LANGUAGE DESIGNATION: English Only: __________ FEP: __________ LEP: __________
   Date Tested: __________ Tester: __________

State of California Department of Education
EC 52164.1, III-CON20a SW 7/00

Bonita Unified School District 02/21/2014
Dear Parents or Guardians:

As part of the transitional kindergarten registration process, the school will require a written record of your child’s immunizations. All immunization records must be verified by a signature from your medical care provider. ALL CURRENTLY DUE IMMUNIZATIONS MUST BE COMPLETED BEFORE YOUR CHILD CAN BE ASSIGNED TO A CLASS LIST.

The required immunizations include:

Polio: 3 doses meet the requirement if the third dose was given on or after the 4th birthday. We allow a 4-day grace period. 4 doses meet the requirement regardless of when the doses were given.

DTP/DTaP: 4 doses meet the requirement if the 4th dose was given on or after the 4th birthday. We allow a 4-day grace period. 5 doses meet the requirement regardless of when they were given.

MMR: 2 doses of vaccine are required. Both doses meet the requirement when given on or after the 1st birthday. We allow a 4-day grace period.

Hepatitis B: 3 doses are required.

Varicella: 1 dose is required or your medical care provider may document the student “had disease”.

Immunization Resources

Pomona Health Center
750 South Park Ave.
Pomona, CA 91766
(909) 868-0235

East Valley Health Center
680 Fairplex Drive
Pomona, CA 91766
(909) 620-8088

If you have any questions or concerns, please do not hesitate to contact me at (909) 971-8200 x6021.

Vivian Anderson, R.N., B.S.N.
District Nurse