



BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 Fax (909) 971-8329

Superintendent

Dr. Christina Goennier

Assistant Superintendents

Nanette Hall – Educational Services

William Roberts – Human Resources Development

Ann Sparks – Business Services

Board of Education

Chuck Coyne

Glenn Creiman

Jim Elliot

Diane Koach

Patti Latourelle

New Student Registration 2017-2018 School Year

GRADES 1 – 12

Dear Parents or Guardians:

Welcome to the Bonita Unified School District and the 2017-2018 school year. This packet contains paperwork and instructions to initiate the enrollment process for your child.

Please contact your neighborhood school or the Office of Student Services if you have questions. Information and most necessary forms can also be found in the “Permit and Enrollment Information” section under “Parents and Students” on the Bonita Unified website: do.bonita.k12.ca.us.

When you come to your school for registration please bring the following:

- All forms from this packet completed and signed
- Verification of Date of Birth (birth certificate or christening certificate, a passport or visa)
- Proof of Residence (escrow papers, rental or lease agreement, or utility bill)
- Immunization Records (must be verified by your medical care provider)

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

We are looking forward to working with you and your child this year.

Sincerely,

Mark Rodgers

Senior Director, Student Services

909-971-8330, ext. 5324

Bonita Unified School District
STUDENT REGISTRATION INFORMATION, GRADES TK-12



FOR OFFICE USE:

Student ID#: _____ Grade: _____ Grid: _____ Enrollment Date: _____ Permit: _____
 BIRTHDATE VERIFICATION: _____ Birth Cert. _____ Baptismal Cert. _____ Passport _____ Age Affidavit _____ IMMUNIZATIONS COMPLETE: _____

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

Student Birth City: _____
 Birth State: _____ Birth Country: _____
 Date first enrolled in a school in the United States: _____
 Date first enrolled in a school in California: _____
 Date student first entered the United States: _____
School most recently attended:
 School Name: _____
 School Address: _____
 District Name: _____
 Does the student have an IEP? YES NO
 Does the student have a 504 Plan? YES NO
 Has the student been identified for GATE? YES NO

ETHNICITY AND PARENT EDUCATION LEVEL

Parent Education Level:
 Not a High School Graduate High School Graduate Some College
 College Graduate Graduate School Decline to State

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more):
 Amer. Indian/Alaskan Asian Indian Black/African American
 Cambodian Chinese Filipino
 Guanamanian Hawaiiin Hmong
 Japanese Korean Laotian
 Other Asian Other Pacific Islander Samoan
 Tahitian Vietnamese White

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:

Withdrawal Date: _____ Cum Sent To: _____ Date Sent: _____
Name of District
 School Name: _____ Address: _____



BONITA UNIFIED SCHOOL DISTRICT
ENGLISH LANGUAGE DEVELOPMENT PROGRAM

HOME LANGUAGE SURVEY

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: _____ Last First Middle	Birthdate: _____
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 _____	
<input type="checkbox"/> Woodcock/Munoz English Test	Date: _____	Broad English Ability _____	Oral Language Ability _____
		Reading-Writing Ability _____	
<input type="checkbox"/> Idea Proficiency Test (IPT)	Date: _____	Level _____	
<input type="checkbox"/> Woodcock/Munoz Spanish Test	Date: _____	Broad English Ability _____	Oral Language Ability _____
		Reading-Writing Ability _____	
<input type="checkbox"/> 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: _____	



BONITA UNIFIED SCHOOL DISTRICT
DEPARTMENT OF HEALTH SERVICES

HEALTH AND DEVELOPMENT QUESTIONNAIRE

Name of Student: _____ Last First Middle	Birthdate: _____
School: _____	Grade: _____ Age: _____
Parent Primary Phone: _____	Parent E-Mail: _____

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: _____

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:

4. Does your child have a potentially life-threatening health condition? YES NO
If "yes", please describe below:

5. *Additional Comments:*

Parent/Guardian Signature: _____

Date: _____



BONITA UNIFIED SCHOOL DISTRICT
FOSTER YOUTH SUPPORT

FOSTER STUDENT SCREENING QUESTIONS

Please complete the box below, then answer the six questions to the best of your ability.

Name of student: _____ Last First Middle	Birthdate: _____
School: _____	Grade: _____

- Does the youth you are enrolling live in a group home?
 Yes No Not Sure
- Is the youth you are enrolling in foster care or on probation?
 Yes No Not Sure
- Does the youth you are enrolling receive visits from the social worker or a probation officer?
 Yes No Not Sure
- Does the youth you are enrolling regularly attend court to discuss where they live?
 Yes No Not Sure
- Does the youth you are enrolling have an attorney or other court representative who helps determine where they live?
 Yes No Not Sure
- Does the youth you are enrolling live with someone other than his/her parents?
 Yes No Not Sure

Parent/Guardian Signature: _____

Date: _____



BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 Fax (909) 971-8329

February 2017

Re: Immunization Requirements for the 2017-2018 School Year

Dear Parent/Guardian:

Under a new law known as SB 277, beginning January 1, 2016 exemptions based on personal beliefs, including religious beliefs, will no longer be an option for the vaccines that are currently required for entry into school or child care in California.

Personal beliefs exemptions already on file for a child enrolled in child care or school in Bonita Unified will remain valid until, 1) the child is ready to enter Kindergarten or Transitional Kindergarten, or 2) the child is ready to enter 7th grade.

Children who have a medical exemption for missing immunizations signed by a licensed physician will continue to be accepted.

If you would like more information about SB 277, the California Department of Public Health has created a Frequently Asked Questions site at: <http://www.shotsforschool.org/laws/sb277faq/>

If you have questions about the new law and how it might impact your child, please contact the health office at your school.

Sincerely,

Llona Mearig

District Nurse



Enroll. Get Care. Renew.

Health Coverage All Year Long

Health Coverage Options

Medi-Cal:

- ▶ Children, foster youth, pregnant women, adults, US citizens, and immigrants—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- ▶ Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and youth at no- or low-cost.
- ▶ Medi-Cal enrollment is available year-round.

Covered California:

- ▶ Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- ▶ Based on income and family size, many Californians may qualify for financial assistance.
- ▶ Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.

! Undocumented Families visit: www.allinforhealth.org/resources#Undocumented
Immigration status information is kept private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.

You and your family may qualify for financial help:

Household Size	If 2015 household income is less than...		If 2015 household income is between...
1	\$16,243	\$31,309	\$16,106 – \$46,680
2	\$21,984	\$42,374	\$21,709 – \$62,920
3	\$27,725	\$53,440	\$27,312 – \$79,160
4	\$33,465	\$64,505	\$32,914 – \$95,400
5	\$39,206	\$75,571	\$38,517 – \$111,640
6	\$44,947	\$86,637	\$44,120 – \$127,880
▶	Adults may be eligible for Medi-Cal	Children may be eligible for Medi-Cal	May be eligible for financial help to purchase insurance through Covered California

Enroll.

Three ways to enroll in Medi-Cal and Covered California:

- www.coveredca.com
- 1(800) 300-1506
- Find in-person help: www.coveredca.com/get-help/local/

Get Care.

- ▶ Find a primary care doctor in your network.
- ▶ Schedule an annual checkup for you and your family.
- ▶ Make sure to take your child to the dentist.
- ▶ Pay your monthly premium if your plan requires it.

Renew.

- ▶ Medi-Cal must be renewed every year. Medi-Cal will mail renewal packet. Complete and return. For help, contact your local Medi-Cal office or call 211.
- ▶ Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at 1 (800) 300-1506.

For more information go to: www.allinforhealth.org

April 2015

