



BONITA UNIFIED SCHOOL DISTRICT

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

New Student Registration 2019-2020 School Year KINDERGARTEN

Dear Parents or Guardians:

Welcome to the Bonita Unified School District and the 2019-2020 school year. This packet contains paperwork and instructions to initiate the enrollment process for your child.

Please note that students must have turned 5 on or before September 1, 2019 to be eligible to attend kindergarten in the 2019-2020 school year.

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 (using any of the methods allowed in California Education Code 48002)
- 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, Specialized 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

<p>EDUCATIONAL PROGRAMS</p> <p>Does the student have an IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Does the student have a 504 Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Has the student been identified for GATE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>ETHNICITY AND PARENT EDUCATION LEVEL</p> <p>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 School <input type="checkbox"/> Decline to State</p> <p>Ethnicity (check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race (check one or more): <input type="checkbox"/> Amer. Indian/Alaskan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guanamanian <input type="checkbox"/> Hawaiiin <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Vietnamese <input type="checkbox"/> White</p>
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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: _____



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ENGLISH LANGUAGE DEVELOPMENT PROGRAM

HOME LANGUAGE SURVEY

Name of Student: _____ Date of Birth: _____
(Last Name) (First Name) (Middle Name)

Grade Level: _____ School Name: _____ Start Date: _____

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction **before** your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home?
(parents, guardians, grandparents, or any other adults) _____

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian

Date

Form HLS, Revised December 2016
California Department of Education



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 YOUTH 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

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Re: Immunization Requirements for the 2019-2020 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.

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.



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HEALTH EXAMINATION

Dear Parent or Guardian:

We are pleased you have chosen Bonita Unified School District Kindergarten for the 2017-2018 school year. As part of the enrollment process the State of California Extensive Child Health Screening Law (H & SC 124100) requires that all children must have a health examination within the 18-month period prior to entering first grade or within 90 days after first grade entry.

We strongly recommend the health examination be done before entering kindergarten. The examination may be completed in several ways:

1. Take your child to your private medical care provider for a physical examination. Have the attached examination certificate completed and signed by the medical care provider and return it to the school.
2. The state will pay for your child's physical examination if you meet the income eligibility level. Providers in the area are:

East Valley Community Health Center
680 Fairplex Drive
Pomona, CA 91768
(909) 620-8088

Dr. Wong, Foothill Family Practice
2100 Foothill Blvd., Suite A
La Verne, CA 91750
(909) 596-1941

One out of every ten children entering kindergarten has a health problem unknown to parents. The purpose of the physical examination is to find health problems that may affect the child's growth and development and his/her ability to benefit from the school experience.

The health examination should include the following: a health and developmental history, a physical examination, an assessment of nutritional status, necessary immunizations, tests for anemia, diabetes, urine problems, vision, hearing, dental screening and blood tests for sickle cell and lead levels, if necessary.

Please return the completed attached examination certificate to your child's school. If I can be of further assistance please do not hesitate to call me at (909) 971-8200 x6021.

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/dT/dTtd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
H1B 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	Date
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.



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Oral Health

Dear Parent or Guardian:

To make sure that your child is ready for school, California Law, Education Code Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have been completed 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.

If your child has not had an oral health exam within the 12 months before entering either kindergarten or first grade, take the attached Oral Health Assessment Form to the dental office. 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 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 your local social service agency at <http://www.dhs.ca.gov/mcs/medi-calhome/countylisting1.htm>
2. Healthy Families' toll free number or website 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 or <http://www.healthyfamilies.ca.gov/hfhome.asp>.
3. For additional resources that may be helpful, contact the local public health department at <http://www.dhs.ca.gov/mcs/medi-calhome/countylisting1.htm>

Remember, your child is not healthy and ready for school if he or she has poor dental health!

Here are some important tips 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.
- Have your children brush their 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 health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, please call (909) 971-8200 x 6021.

Thank You.

Oral Health Assessment

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, please contact your school health office.

Section 1

To be completed by the 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 Gender: <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"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Multi-Racial		

Section 2

Oral Health Data Collection

To be completed by the dental professional conducting the assessment

Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed
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Dental Professional's Signature

Date

What you'll need to enroll

The following is needed for every household member who will be covered:

- Proof of current household income*
- California ID or driver's license for adults
- Proof of citizenship or satisfactory immigration status (e.g., U.S. passport, legal resident card, certificate of citizenship or naturalization document)**
- Birth date
- Social Security number or Individual Taxpayer Identification number, if you have one
- Home ZIP Code

Sign up

Oct. 15, 2018

Jan. 15, 2019

Sign up by Dec. 15 to be covered by Jan. 1

Medi-Cal enrollment is year round.

Even if you only need coverage for a just few months, look to Covered California throughout the year for your health insurance needs.

*Proof of current income of all members in the tax household such as a recent tax return, W-2, or pay stub. A dependent's income should only be included if their income level requires them to file a tax return. A household is defined as the person who files taxes as primary tax filer and all the dependents claimed on that person's taxes. If you don't file taxes, you can still qualify for free or low-cost insurance through Medi-Cal.

**You can apply for your child even if you are not eligible. Households that include members who are not lawfully present can also apply.

You have options

Covered California offers four levels of coverage: Bronze, Silver, Gold and Platinum. Insurance companies pay a portion of covered services, and the benefits offered within each level are the same no matter which insurance company you choose.

COVERAGE LEVEL	ANNUAL DEDUCTIBLE	AVERAGE PAID BY	
		INSURANCE COMPANY	YOU
Bronze	YES	60%	40%
Silver	YES	70%	30%
Gold	NO	80%	20%
Platinum	NO	90%	10%

- **Choose Platinum or Gold** and you'll pay a higher monthly premium, but you'll pay less for medical services.
- **Choose Silver or Bronze** and you'll pay a lower monthly premium, but you'll pay more for medical services.
- **A minimum coverage plan** is available to those under 30 or those 30 and over who have received a hardship exemption from U.S. Department of Health and Human Services.

*Silver is the only level where your deductible and other costs may be lower based on your household income.



For more information or to find free, local, in-person help, please contact:

CoveredCA.com | 800.300.1506

Covered California Can Help You Get Affordable Health Coverage

What you need to know



Welcome to Covered California

See if you can get help paying for your health insurance.



We've got you covered.

Covered California is where Californians can shop for and compare quality health plans among a variety of brand-name insurance companies. You may even get help paying for it.

We're here to help.

Covered California offers free, local, in-person enrollment help, online chat, and telephone assistance in thirteen languages as well as for the hearing-impaired.

Are you eligible? Find out here.



Maximum Annual Household Income to Qualify for Financial Help

FAMILY SIZE	MEDI-CAL	COVERED CALIFORNIA
1	\$16,754	\$48,560
2	\$22,715	\$65,840
3	\$28,677	\$83,120
4	\$34,638	\$100,400
5	\$40,600	\$117,680
6	\$46,652	\$134,960

You may be eligible for low or no-cost Medi-Cal.

You may be eligible for financial help through Covered California.

Shop and Compare

Visit CoveredCA.com and choose "Shop and Compare" to see which brand-name health plans are right for you.



All numbers listed above are estimates. For larger households, please visit the Shop and Compare tool at CoveredCA.com to find out if your family qualifies.

More questions?

Watch our "Welcome to Answers" videos at CoveredCA.com/find-help/FAQS



To get started, visit **CoveredCA.com** or call **800.300.1506**.

Covered California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.300.0213 (TTY: 1.888.889.4500). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.300.1533 TTY 1.888.889.4500